Transition . The MAP, SCHENNIGHT TENDONE A STATE OF THE STATE OF THE STATE OF , 5 . . . K Committee of the Contract of t and the second

0061	CERTIFICAT	TE OF DEAT	TH Reg.	Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:
COUNTYBaltimore	MARYLAND	STATE Mary	land COUNTY Ba	Itimore
OR and give nearest town)	write RURAL LENGTH OF STA	CITY(If outside	corporate limits, write RUI	RAL and give nearest town
2 TOWN Catensville	17yr.7mo.14		imore	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pring Gr	rove State Hospital	STREET ADDRESS	(If rural give loc	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Sadie	E.	Anderson	DEATH:Septer	mber 28, 19 55
S. SEX: 6. COLOR OR 7. S	VIDOWED DIVORCED	TE OF BIRTH:	9. AGE last birthday Mont	DER 1 YEAR IF UNDER 24 HAB
Female White Give kind		13-1873	82 yrs.	110 01717711 07 11111
work done during most of working leven if retired):Housewife	ife. OR INDUSTRY:	II. BIRTHFLACE (beate of foreign country);	12. CITIZEN OF WHA
		Maryland		USA
3. FATHER'S NAME:		14. MOTHER'S MA		
John Nuthall		The same of the sa	n Hicks	
S. WAS DECEASED EVER IN U.S. ARMED F. Yes-po, or unk.) (If Yes, give war or		17, INFORMANT 8		
Yes No, or unk.) (If Yes, give war or of service)	Unknown	Records Sr	ring Grove Stat	te Hospital
	18. MEDICAL CERTIFIC			INTERVAL BETWEE
I DISEASES OR CONDITIONS DIR 422,1 IMMEDIATE CAUSE	(A) Cardiac	Cailure		ONSET AND DEAT
ANTECEDENT CAUSE (S)	DUE TO			
DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAUS STATING UNDERLYING CAUSE LA	SE DIE TO	elerotic cardio	vascular diseas	se
	(C)			
TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS	ED TO THE			
	MAJOR FINDINGS OF OPERAT	ION		20. AUTOPSY?
0				YES NO
1A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DEA	TH OF INJURY street, office bld	factory. 21c. WHERE D		(County) (State)
PID. TIME (Month) (Day) (Year) (DF INJURY	· · · · · · · · · · · · · · · · · · ·	ED 21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that I atter	ided the deceased from	, 1953, to 9-	28, 1955, that I	last saw the decease
	5, and that death occurred	at 1:15PM, from the	e causes and on the causes and on the causes	date stated above.
23. BURIAL, CREMATION, DATE REMOVAL (SPECIFY)		ETERY OR CREMATORY	Server sud to	wn, or Suift)9-55 (State
burial 10/		ark Cemetery		Maryland
DATE REC'D BY LOCAL REGIS	TRAR'S SIGNATURE	24, FUNERAL D	IRECTOR	ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARK TO COMPANY AND MARK THE WARREST AND STATES

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VS.

83 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dis	t. No. 33
1. PLACE OF DEATH: COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE STATE MA COUNTY BY	alto
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (In this place)	TOWN Uppeced -	X
HOSPITAL DR INSTITUTION OR STREET ADDRESS	STREET (If rural give location	/
3. NAME OF (First) (Middle) DECEASED: Type or Print! MATILDX-F-ARM	HQUST DEATH: Sept	(Day) (Year) 20 19 JJ
6. COLOR OR 7. SINGLE, MARRIED. B. DATE RACE: WIDOWED, DIVORCED. (Specific Lindow)	431-1865 90 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Lewell and Lewell	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
Henry P Nalte	14. MOTHER'S MAIDEN NAME: Mary Bale	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT/& ADDRESS:	nes med
18. MEDICAL GERTIFICAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332 X IMMEDIATE CAUSE (A)	ral Throntosio	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) DUE TO	o-Schipis	1542
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	etcry, 21c. WHERE DID (City or town) (Coun	ity) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19 , to 2, 19 that I last	
SIGNATURE POSTE LIE	A Gunnethull, MII	stated above. TE SIGNED
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, o	r county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS /

BUREAU V. S.

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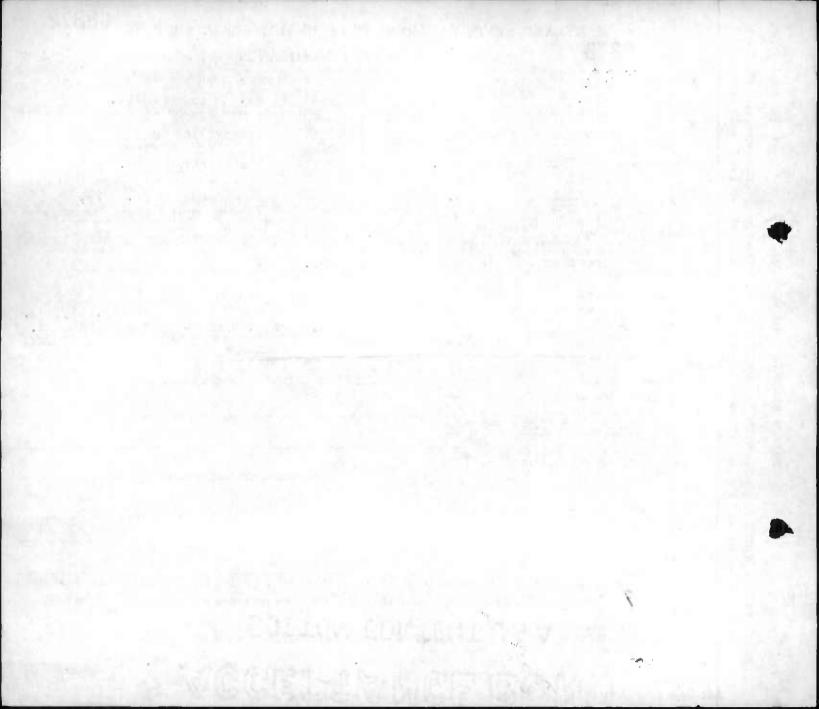
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VS. A15

CEPTIFICATE OF DEATH

eg.	Dist.	No.	32

1. PLACE OF DEATH:	2. USUAL RESIDI	ENCE (HOME) OF	DECEASE	D:
COUNTY Balto. MARYLAND	STATE	Md. COUNTY	y Balto	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside OR	corporate limits, writ		
X TOWN Pike syille	STREET	Pikesville	ve location)	
INSTITUTION OR 7510 Rockridge Rd.	ADDRESS	7510 Rodkrid	,	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ELLA D. AUMAC	(Last) CK	4. DATE (Mo	Sept.	Day) (Year) 23, 19 55
female white (Specify) widowed Dec.	9. 1861	9. AGE iast birthday	Months D	Days Hours Mi
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker at home	Del.	State or foreign cour	ntry): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S M.	AIDEN NAME:		
William Lord	Ageline	Redden		
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Emma	A ADDRESS: F. Chubb - 7	Pike 510 Roo	esville, Md ckridge Rd.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION			INTERVAL BETWE
	al hemo	rrhage		day
33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO	al hemo	rrhage	i e	1.
33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, DISEASE OR CONDITIONS, IF ANY, DISEASE OR CONDITIO	al hemo	rrhage		1.
33/X IMMEDIATE CAUSE ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ility	rrhage		1.
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	ory. 21c. WHERE I	OID (City or town)	(Count	20. AUTOPSY
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	ory, 21c. WHERE I	OID (City or town)	(Count	20. AUTOPSY
ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (F EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF TINJURY M. 21E INJURY OCCURRED While at work at work 22. I hereby certify that I attended the deceased from first alive on first attended the deceased from first attended the deceased first attended the deceased from first attended the deceased first attended the deceas	cory. 21c. WHERE INJURY OCCU 21F. HOW DID 10 21F. HOW DID 10 21F. HOW DID 10 21F. HOW DID 10	City or town) R? INJURY OCCUR? - 2.3, 1955, the causes and on	hat I last	20. AUTOPSY YES NO (State) saw the decease stated above.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF TINJURY 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., OF TINJURY M. 21C. I hereby certify that I attended the deceased from Alive on SIGNATURE M. ALLVALOR A	21c. WHERE INJURY OCCU 21f. HOW DID IN ADDRESS. D. 2200 Jan.	City or town) R? INJURY OCCUR? - 2.3, 1955, the causes and on second Block.	hat I last the date	20. AUTOPSY YES NO (State) tsaw the deceasestated above. TE SIGNED -2 455
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF TINJURY 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., OF TINJURY M. 21E INJURY OCCURRED While Not white at work at work 22. I hereby certify that I attended the deceased from alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	21c. WHERE INJURY OCCU 21f. HOW DID INJURY OCCU 19 21f. HOW DID INJURY OCCU 19 21f. HOW DID INJURY OCCU	City or town) R? INJURY OCCUR? - 2.3, 1955, the causes and on second Block.	hat I last the date	20. AUTOPSY YES NO (State) tsaw the deceasestated above. TE SIGNED -2 455



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VS.

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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8374 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town CITY (If outside corporate limits, write RURAL and give nearest town) + (in this place) OR TOWN TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) (Year) DECEASED OF (Type or Print) 6. COLOR OR RACE DEATH 1953 9. AGE last birthday | Wunder 1 year | If under 24 hrs. | Months | Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED. (Specify) Murried 11. BIATHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME MAIDEN NAME 6 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INDORMANT AND (Yes, no, or unknown) | (If yes, give war or dates of 15abi Kon 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b)_ giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No T 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased ..., 19. ..., that I last saw the deceased alive ob. and that death occurred atm., from the causes and on the date stated above. SIGNATURE ADDRESS (Degree or title) DATE SIGNED 23. BURIAL CREMATION DEMOVAL (Specify) DATE THEREOF OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL EMGISTRAR'S SIGNATURE DIRECTOR 24, FUNERAL

Dr Kran SD

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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8373 CERTIFICATE	E OF DEATH Reg. Dist	. No. 30
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY BALTIMO RE CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) SJOWN CATONS VILLE 1/21/55 to 9/18/53	CITY(If outside corporate limits, write RURAL a OR TOWN	02x-2
HOSPITAL OR SPRING GROVE STATE HOSP. 14 STREET ADDRESS	STREET (If rural give location) ADDRESS HERRLD HARBOR	MD.
DECEASED: (Type or Print) CHARLES 8A1	LEY DEATH: 9	Day) (Year) 18 1955
M RACE: WIDOWED, DIVORCED, NOT A	VAICAOLE 03 , yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): NOT AVAILABLE	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: NOT AVAILABLE	14. MOTHER'S MAIDEN NAME: NOT AUA	ILABLG
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS;	
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
THINEDIATE CAOSE	FAILURE	8/3/55 to 9/18/55
ANTECEDENT CAUSE (S)		The styring st
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) GENERALI DUE TO	ZED ARTERIOSCLEROSIS	
(C) ADVANCE	D AGE	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
0		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 2000 CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	ty) (State)
OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7 =		
alive on 2 h.m. 9 18, 1955, and that death occurred at SIGNATURE		
Stella Wachster M	ADDRESS STATE STATE ALDA	9-15-55
PEMOVAL (SPECIEV)	ENSIGN WASh. S.C.	r county) (State)
	24. FUNERAL DIRECTOR	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	TI - S H II' - S C.	10 120 11 /

PLEASE TYPE OR WRITE PLAINLY, 10 - 53 A15-VS.

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WITH UNFADING INK. Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BY LOCAL

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CEPTIFICATE OF DEATH

FT. MYER, VIRGINIA

St. Paul and Preston Streets, Balto. W.d.

ADDRESS

Wh. CUNKALINGE Filheral Home

83 (3	CENTIFICATI	E OF DEATH Reg. Dist	. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Baltimore	MARYLAND	_ STATE Maryland COUNTY	
CITY (If outside corporate limits, write	RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
X TOWN Fort Howard, Md.	11 Days	Town Baltimore	3 VOI-4
HOSPITAL OR		STREET (If rural give location)	
STREET ADDRESSeterans Admi	nistration Hospit	al 4415 Marble Hall Road	
3. NAME OF (First)	(Middle)		Day) (Year)
(Type or Print) WILLIAM	W.	BAKER OF DEATH: September	er 18 19 55
	ED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER (2/02 53 yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of) 10	OB KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
Civilif Service Employee Ve	or INDUSTRY:	tion Detroit Michigan	COUNTRY?
13. FATHER'S NAME:	ACT CITIO MANUTELLED AT C	14. MOTHER'S MAIDEN NAME:	D. A.
Warren C. Baker		Margaret Kelly	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service) WW II	557-28-8489	Clin.Rec., Vet.Adm.Hosp. Fort Ho	oward, Md.
	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
H TAA	(A) HYPERTENSIV	E CARDIOVASCULAR DISEASE	UNKNOWN
ANTECEDENT CAUSE (S)	WINE XIX		
DISEASES OR CONDITIONS, IF ANY,	(B) ARTERIOSCLE	ROTIC CARDIOVASCULAR DISEASE	UNKNOWN
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING CEREBRAT	ARTERTOSCLEROSTS (2) ARTERTOLA	IR-
		ARTERIOSCLEROSIS (2) ARTERIOLA RITIS.(3) ADENOMA, RT., ADRENAL	
19A. DATE OF OPERATION: 19B. MAJOF	R FINDINGS OF OPERATION	N	20. AUTOPSY1
2			YES NO
21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTION CAUSE OF DEATH	1B. PLACE (Home, farm, fact OF INJURY street, office bldg.,		ty) (State)
21b. TIME (Month) (Day) (Year) (Hour) OF, INJURY M.	While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22 orehy certify that Kattended t	he deceased from Aug.	8 , 195 , to Sept. 18, 19 55, WXXXXX	04400900000000
SHINATURE WOWN 7		11:15M, from the causes and on the date ADDRESS DA	stated above. TE SIGNED
IRVING FREEMAN, M.D.	M	I. D.VAH. FORT HOWARD, MARYLAND 9-	-19-55
23. F RIAL, CREMATION, DATE THERE	OF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, o	r county) (State

ARLINGTON NATIONAL CEM.

SIGNATURE

REGISTRAR'S

PLEASE TYPE OR WRITE PLAINLY,

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Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITH UNFADING INK.

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A second production of the contract of the con Carres III. sept. 18. 221 1 1 July 1745 CHILDREN STREET, STREE months of the second of the se

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8377	CERTIFICATI	E OF DEATH Reg. Dis	st. No
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY BAL TIMORE	MARYLAND	STATE MARYLAND COUNTY	Barto.
CITY (If outside corporate limits, write R OR and give nearest town) TOWN FORT HOWARD		CITY(If outside corporate limits, write RURAL OR TOWN RALTIMORE	×
HOSPITAL OR INSTITUTION OR STREET ADDRESSYS TERANS ADMIN	ISTRATION HOSPIT	STREET (If rural give location ADDRESS SUTER ROAD	n)
3. NAME OF (First) DECEASED: (Type or Print) MALACHI	(Middle) (NMI) BALI	(Last) 4. DATE (Month) OF DEATH SEP TEMBE	(Day) (Year) R 23 19 55
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify)	MARRIED, S. DATE DIVORCED, WIDOWED S-2-7	9. AGE last birthday Months 78 yrs.	Days Hours Min.
	R. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12 ALEXANDRIA, VIRGINIA	CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
JOHN W. BALLARD		ELIZABETH MORTON	
IS, WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	UNKNOWN	CLIN.REC., VET.ADM.HOSP., FT.HO	WARD, ND
	8. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
4-2-ds.	(A) ARTERIOSCLER	OTIC CARDIOVASCULAR DISEASE,	UNKNOWN
IMMEDIATE CAUSE	DECOMPENSA	TION	
ANTECEDENT CAUSE (8)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	UE TO	Maria Caller Barrior	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DE	THE	IZED ARTERIOSCLEROSIS PROSTATIC HYPERTROPHY	
19A. DATE OF OPERATION: 19B. MAJOR			20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21IOR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.	story. 21c. WHERE DID (City or town) (Cou	inty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WA M.	While Not while at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that X attended th	e deceased from SEPT.	12, 1955, to SEPT. 23, 19 55, the care	ခံခွင့်မှာ အချောင်းကြားကို အားကြားပ
SIGNATURE THUS NOOM	that death occurred at	3:10P M, from the causes and on the date	e stated above.
JAMES J. NOLANJ M. D.	NAME OF CEMET	A.D. VAH. FOR T HOWARD. MO.	or county) (State)
REMOVAL (SPECIFY) Burial 9/28/55		ational Cemetery Baltimore, Ma	ryland
DATE REC'D BY LOCAL REGISTRAR'S	S SIGNATURE Conics	Charles R. Law Mortuary 802-04 Madison Avenue, Balt	imore 1. Md.

-10 - 53A15 VS.

PLEASE TYPE

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OR WRITE PLAINLY, WITH UNFADING INK.

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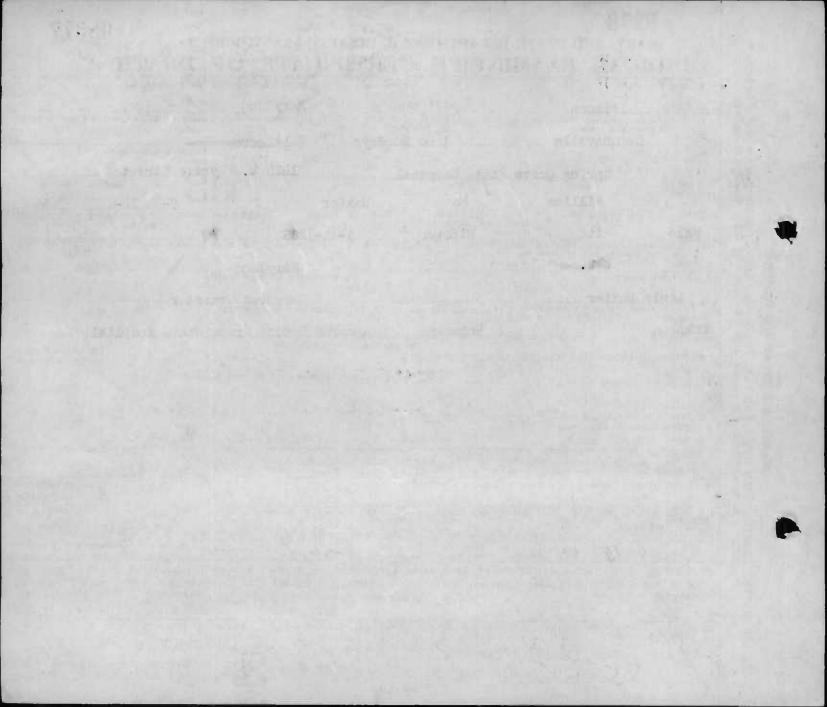
VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

 $08377_{\rm Reg.\ Dist.}$

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No

rrect	MEDICAL	EXAMINE		TIFICATE		ATH No. 30	
00 0	I. PLACE OF DEATH:				CE (HOME) OF DECI		=
fully. The legibly.	COUNTY Baltimore		MARYLAND	STATE Marvla	and COUNTY		
ly.	CITY (18 outside compande I	wite wwite DIIDAT	LENGTH OF STAY	CITY (If outside	corporate limits write	RURAL and give nearest town	n)
eful i le	OR and give nearest town Catonsvil	le	1 mo 20 da		ore	3 Vol-4	
carefully.	HOSPITAL OR INSTITUTION OR			ADDRESS	(it fuldi, gi		1
rly	*STREET ADDRESS Sprir 3. NAME OF (First	g Grove State	Hospital	(Last)	W. Fayette S		_
nati	DECEASED: (Type or Print) Will		3.6	Baxter	OF DEATH 9-		
of information f death clearly	5. SEX: 6. COLOR OF RACE: White	WIDOWED.			. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min	_
	10a. USUAL OCCUPATION (work done during most even if retired): Ret	Give kind of 10b. K of work life,	IND OF BUSINESS ON DUSTRY:	R 11. BIRTHPLACE	(State or foreign co	COUNTRY?	IAI
ite	13. FATHER'S NAME:	TITTVINHII		14. MOTHER'S MXII	and DEN NAME:	USA	
y every item the causes o	Louis Baxter			Margar	est Crebeten		
the	15. WAS DECEASED EVER IN U.S (Yes, no, or unk.) (If Yes, give		OCIAL SECURITY No.:	17. INFORMANT & A	DDRESS:		
Supply write th	Unknown service)	Ur	lknown	Records Spring	Grove State	Hospital	
UNFADING INK. Su Physicians: please wr	I. DISEASES OR CONDITIONS Immediate cause Antecedent cause(s) Diseases or conditions, if a giving rise to the above or	(a) DUE TO	G TO DEATH:	levotin K	failur aut de		
	stating underlying cause II. OTHER SIGNIFICANT COL TO THE DEATH BUT I	NDITIONS CONTRIBUTION RELATED TO	THE /	lized all	- hole	(-femina)	
LY, WITH important.	DISEASE OR CONDITION 19a. DATE OF OPERATION:					20. AUTOPSY? Yes □ No [
ILY, imp	21a. EXTERNAL CAUSE WAS PRIMARY LL OF CONTRIBUT CAUSE OF DEATH.	ING OF INJUR		Cutins	rille Bo	selly Wed	2
PLAINLY pecially in	21d. TIME (Month) (Day) (YOURY 9 5 5	3 /2-M. Whi	JURY OCCURRED ile at Not while k at work	Patent f	ushed hu	- Coursey to	-
WRITE Page is espe	22. I hereby certify that find that death result SIGNATURE	ed from: Natura	the remains descri	dent Suicide CHIEF	Autopey , Insp , Homicide , , MEDICAL EXAMIN Y MEDICAL EXAMI TANT MEDICAL EXA	Undetermined cause	
SE	23. BURIAL, CREMATION, REMOVAL (Specify):	10/1/55	Finksburg		LOCATION (City,	g , Maryland	,
PLEA	DATE REC'D BY LOCAL	REGISTRAN'S SIGNA	Luck	24. FUNERAL DIE	200R 1217	St. Paul St.	
	101/33		me				



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Y TOWN

3. NAME OF

HOSPITAL OR

FRED BAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCEST

ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

21A. ACCIDENT WAS UNDERLYING [

STATING UNDERLYING CAUSE LAST.

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REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08378

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED BALTIMORE STATE MARYLAND COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) FORT HOWARD (in this place)

(Middle)

COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) TOWN BALTIMORE

4. DATE (Month)

Reg. Dist. No. 4

(Day)

COUNTRY?

U. S.

(Year)

INTERVAL BETWEEN

ONSET AND DEATH

SUDDEN

STREET (If rural give location) ADDRESS 2431 MADISON AVENUE

DECEASED: EDWARD BAYLOR DEATH SEPTEMBER (Type or Print) 19 55 5. SEX: COLOR OR 17. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED. Months MALE (Specify): MARRIED 9-5-10 10A. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT

(Last)

work done during most of working life, even if retired): TRUCK DRIVER OR INDUSTRY TRANSPORTATION CO. BOWLING GREEN, VIRGINIA 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME:

MAMIE LOMAX 17. INFORMANT & ADDRESS:

(Yee, give WW II dates 219-28-360] CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD. 18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CORONARY THROMBOSIS IMMEDIATE CAUSE

DUE TO

(B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE SCLERODERMA DISEASE OR CONDITION CAUSING DEATH.

16. SOCIAL SECURITY NO.

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

50 STREET ADDRESSETERANS ADMINISTRATION HOSPITA

(First)

218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?

NO

(County)

LOCATION (City, town, or county)

UNKNOWN

20. AUTOPSY?

(State)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while OF INJURY at work at work

21F. HOW DID INJURY OCCUR?

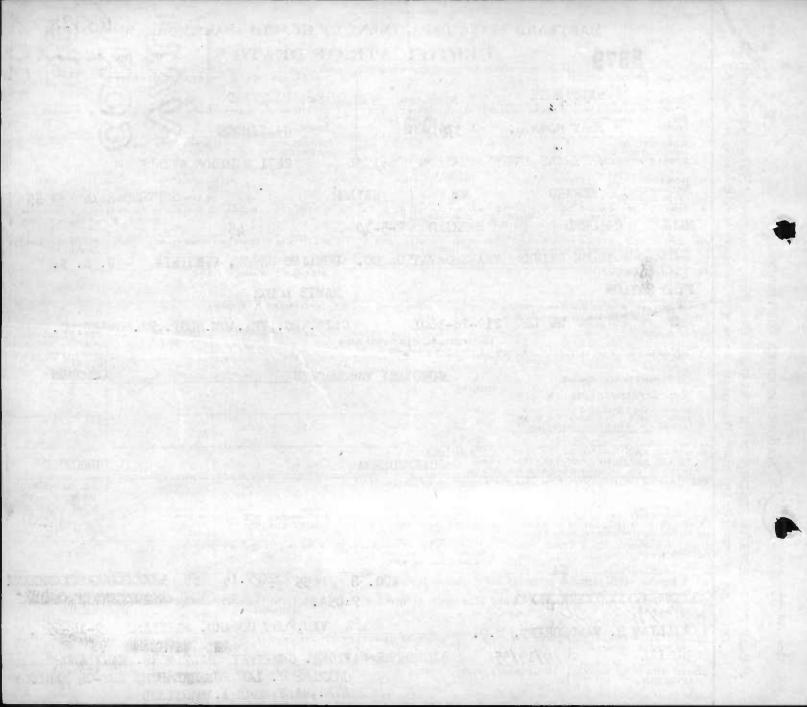
XXXXXX and that death occurred at 9:05A.M. from the causes and on the date stated above.

SIGNATURE DATE SIGNED VAH, FORT HOWARD, MARYLAND

WILLIAM B. VAND NAME OF CEMETERY OR CREMATORY 23. BURIAL. BURIAL (SPECIFY) /19

BALTIMORE NATIONAL CEMETERY BALTIMORE, MARYLAND

REGISTRAR'S SIGNATURE CHARLESER! LAW FUNERAL HOME 802-80 MADISON DATE REC'D BY LOCAL AVE. BALTIMORE 1. MARYLAND



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CED	TIEIC	ATE	OF DE	ATL	

CERTIFICA.	LE OF DEATH	Reg. Dist. No.
8330	eta lestificación	1
1. PLACE OF DEATH- COUNTY BY TO THE MARYLAND	2. USUAL RESIDENCE (HOME) OF I	COUNTY ST.
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, wri	to 08x-2
12 STREET ADDRESS Rose State Tr. School	ADDRESS	al, give location)
3. NAME OF (First) DECEASED (Type or Print) DECEASED (Type or Print)	Been 4. DATE OF DEATE	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	11/16/52 2	birthday If under 1 year If under 24 hr Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Bean
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS	
Antocodent cause (s)	entification componite atrop congenital an	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m,	HOW DID INJURY OCCUR?	
SIGNATURE Butlet In D. (Degree or title)	ADDRESS Mills Ind.	That I last saw the deceased on the date stated above. DATE SIGNED 16 Sept 55 City, town, or county) (State) ADDRESS LUNAUM MODERNAME MOD
1-16 3 1 1 tod 10, and	Jac Manny	ma'

BUREAU V. S.

SEP 20 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

		de Danier Reg. Dist	. 110.	
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
clearly and legibly	COUNTY BALTIMORE MARYLAND	STATE MO COUNTY BAL	TIPLORE	
i le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a		
anc	52 TOWN CATONSVILLE 5 years	TOWN BALTIMORE	3V01-4	
>	HOSPITAL OR	STREET (If rural give location)		
eal	14 STREET ADDRESS SPRING GROVE St. Hosp.	4112 Hamilt	on Av. V	
D C	3. NAME OF (First) (Middle) DECEASED:		Day) (Year)	
death	(Type or Print) MARY BERRY	OF DEATH: O	12 \ 1955	
of d	RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 V Months D		
	F W (Specify): W 6	17 1866 84 ALS		
causes	10A. USUAL OCCUPATION (Give kind of OR KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
Ca	even if retired): Housewife	MARYLAND	U.S.A.	
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
te	Peter Deichmiller	Mary Wolfe		
WI	15. WAS DECEASED EVER IN U.S. ARMED FORCER! 15. SOCIAL SECURITY NO. (Nes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:		
please write	of service) Unknown	Hospital records		
lea	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN	
	4200		ONSET AND DEATH	
ns:	IMMEDIATE CAUSE (A) Cerebrovas	cular accident		
CIB	ANTECEDENT CAUSE (S: DUE TO			
Physicians:	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosci Out to	erotic heart disease	Years	
	(C)		THE TAX SECTION	
rtal	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
ımportant.	DISEASE OR CONDITION CAUSING DEATH			
	TSAL BALL OF OPERATION.		YES NO T	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)	
is esp	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	2 21F. HOW DID INJURY OCCUR?	721.47	
age 1	22. I hereby certify that I attended the deceased from .8-7	, 1950 to 9-12, 19 55that I last	saw the deceased	
	alive on 9-12-, 19 55, and that death occurred at	10:50M, from the causes and on the date	stated above.	
correct	HILD WILLIAM STATE	opring grove State Hosp	re signed 9-1305	
cor		ERY OR CREMATORY LOCATION (City, town, or	county) (State)	
	Burial 9/15/55 Woodlawn (
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
	VERT 15 450 (1-10 Hear)	20m. 9. Vielener 9 Dour . Da	ero 17 Ma.	

MARGIN RESERVED FOR BINDING 10 - 53VS. A15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

23	CERTIFICATE	OF	DEATH
, N			

REGISTRAR'S SIGNATURE

55554.655	STATE COUNTY CITY (If outside corporate limits, write RURAL ar OR TOWN Baltimore STREET (If rural give location) ADDRESS	timore
CITY (If outside corporate limits, write RURAL CORT of STAY OR and give nearest town) TOWN Catonsville HOSPITAL OR INSTITUTION OR STREET ADDRESSpring Grove State Hospit 3. NAME OF (First) (Middle) DECEASED: The order of Februard Research of State Hospit Research of Research of State Hospit County (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) 3 days (in this place) 3 days (in this place) 4 days County (in this place) 4 days County (in this place) 5 days County (in this place) 6 days County (in this place) 7 days Research of State County (in this place) County (in this place)	CITY(If outside corporate limits, write RURAL ar OR TOWN Baltimore STREET (If rural give location) ADDRESS	
OR and give nearest town) Catonsville HOSPITAL OR INSTITUTION OR STREET ADDRESSpring Grove State Hospit NAME OF (First) DECEASED: Records (in this place) 3 days (middle)	OR TOWN Baltimore STREET ADDRESS (If rural give location)	nd give nearest town)
HOSPITAL OR INSTITUTION OR /#STREET ADDRESSpring Grove State Hospit 3. NAME OF (First) (Middle) DECEASED: Frank Edward B	STREET (If rural give location)	
INSTITUTION OR Grove State Hospit 3. NAME OF (First) (Middle) DECEASED: Frank	ADDRESS	
DECEASED: December Editional R.		
		ay) (Year)
	ostwick OF Septemb	er 13, 55
PACE. WIDOWED DIVORCED	8-1870 9. AGE last birthday Months Da	Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Retired	11. BIRTHPLACE (State or foreign country): 12. (CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Unknown	Unknown	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates Unknown of service) Unknown	Records Spring Grove State	Hospital
IMMEDIATE CAUSE (A) DUE TO	thrombosis	ONSET AND DEATH
STATING UNDERLYING CAUSE LAST.	clerotic cardio-disease	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO A
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Counts etc. INJURY OCCUR?	(State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-10 alive on 9-13-, 1955, and that death occurred at SIGNATURE S. Wachsler		tated above.
	. D. Catonsville 28. Marviand	

FUNERAL DIRECTOR

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING A15-10-53

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DATE REC'D BY LOCAL

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PLAINLY, WITH UNFADING INK.

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEAD	LTH—BALTIMORE. 18 08383
8334 CERTIFICATE OF DE	ATH Reg. Dist. No.
1. PLACE OF DEATH:	SIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND STATE M	arvland county
OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR	side corporate limits, write RURAL and give nearest town Baltimore 3 V 0 /- 4
HOSPITAL OR STREET	(If rural give location) 2343 Sidney Avenue
3. NAME OF (First) (Middle) (Last) DECEASED: (Type or Print) Harry (NMI) BOWERS OX	4. DATE (Month) (Day) (Year) OF DEATHSeptember 25 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. B. DATE OF BIRTH: White (Specify): Agrical 6/6/91	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of North done during most of working life. OR INDUSTRY:	CE (State or foreign country): 12. CITIZEN OF WHA
13. FATHER'S NAME: 14. MOTHER	S MAIDEN NAME:
Thomas V. Bowersox Sidney A	cohihald
(Yes, no, or unk.) (If Yes, give war or dates	rchibald NT & ADDRESS: Vet.Adm.Hosp., Fort Howard, Md.
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
420: INFARCT LEFT VENTRICL	I3 HRS.
ANTECEDENT CAUSE (\$)	
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(c)	
II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY O	RE DID (City or town) (County) (State) CCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW I	INJURY OCCUR?

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED
While Not while 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that Wattended the deceased from eptember, 29 xxxxand that death occurred at 200. M, from the causes and on the date stated above. ADDRESS DATE SIGNED FORT_HOWARD (State)

CREMATION. LOCATION (City, town, or county) REMOVAL (SPECIFY) Baltimore, Maryland Baltimore National

DATE REC'D BY LOCAL REMISTRAR

FUNERAL DIRECTOR

ADDRESS

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1808385 CERTIFICATE OF DEATH Reg. Dist. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Baltimore MARYLAND	stateMaryland county Baltimore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) TOWN Reisterstown 8 years	Town Reisterstown
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR Hanover Road	Address Hanover Road
December	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Auguste Intekia Di	oemel of pept 8 1955
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
W (Specify) Married April	L 8 1876 79 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired) Housewife -	Germany Germany
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Delius Schmidt	Heneritte Moeller
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates None	Mrs Martha Klein Reisterstown Md
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	O O O O O O O O O O O O O O O O O O O
I DISEASES ON CONDITIONS DIRECTLY CEADING TO DEATH	ONSET AND DEATH
33/XIMMEDIATE CAUSE (A)	erra pennage / s day
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. (B)	ses lines year
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST. (C)	Terrorelistes "
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Correspondence
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
134. DATE OF OF ENATION. 135. MAJOR PHYDINGS OF OPERATION	20. AUTOPSY7
	YES NO
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
OF INJURY M. While at work at work	
22. I hereby certify that attended the deceased from	to 1- 8 , that I last saw the deceased
(\(\lambda \) = \(\lambda \) \(\lambda \)	
alive on 19, and/that death occurred at	
Signatural - Sallal	(Reinfeld Francisco)
23. BURYAL CREMATION. DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	
oremation (sept) 12 1955 Greenmoun	it crematory Baltimore Mc
DATE BEC'D BY LOCAL REGISTRAR'S SIGNATURE	war Berryman & Sons Reister & Bown Md
REGISTRAR 9-11-55 Nary B. Eline.	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

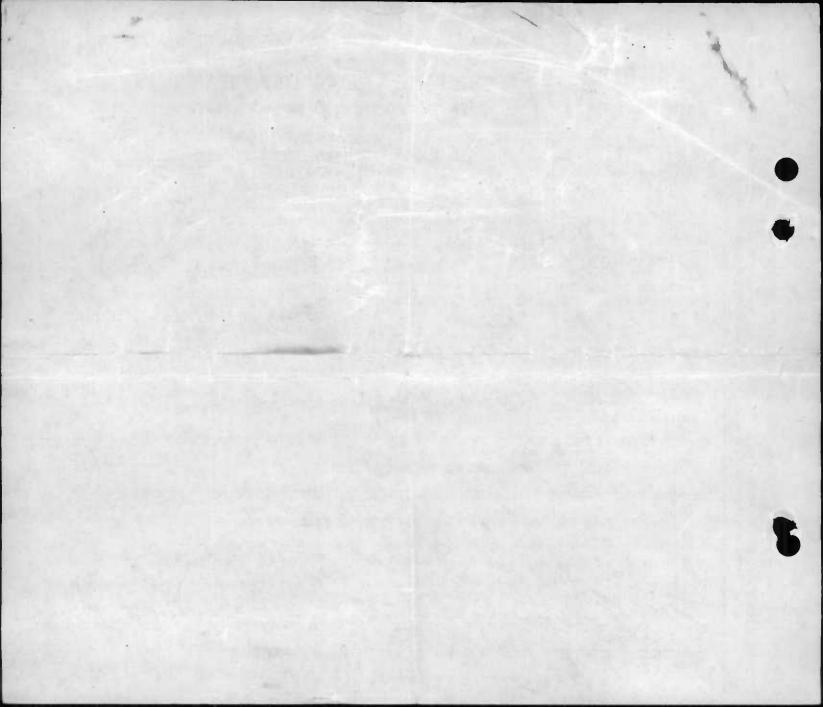
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CERTIFICATE OF DEATH

08386

ma.

GENTIFICAT	Reg. Dist. No	* * * * * * * * * * * * * * * * * * * *
1. PLACE OF DEATH- COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	alto.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest tow	
OR give nearest town) TOWN (in this place)	OR TOWN Dundalk 5	3
HOSPITAL OR OSTREET ADDRESS 3414 Louth Rd.	STREET (If rural, give location) ADDRESS 3414 Louth Rd.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) MINNIE K.	(Last) 4. DATE (Month) (Day) OF DEATH Sept. 23,	(Year)
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	Feb. 3, 1869 86 yrs. If under 1 year If under	er 24 hrs. Min.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF COUNTER?	WHAT
Unknown Ardnt	14. MOTHER'S MAIDEN NAME Lena C. Kuehn	
15, Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of no	Mrs. Frances B. Peters - 3414 Louth F	Rd.
Antecedent cause (a) Congestive Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	+ Disease 34	Es.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTO	Devision
178. DAID OF OTHERSTON	Yes O	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
REMOVAL (Specify) Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS DATE SIGN SIGN DATE SI	GNED -55
REG. G. 16-11	IMm. J. Vickney & Sons - Ralto,	7



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	T.	CERTIFICATI	E OF DEATH Reg. Dist	. No. +
1	ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
carefully legibly.	COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY BALL	th	
		CITY (If outside corporate limits, write RURAL CITY on and give nearest town) TOWN FORT HOWARD 27 DAYS	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
R.R	information clearly and		TOWN BALTIMORE Arbutus	51
M.	ma rly	HOSPITAL OR INSTITUTION OF STREET ADDRESSETERANS ADMINISTRATION HOSPITA	STREET (If rural give location)	/
1	nformat			
4	of in	3. NAME OF (First) (Middle) DECEASED: (Type or Print) JOSEPH H. BROWN	/43 OF	Day) (Year)
U	item of i	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday I F UNDER 1	
		MALE WHITE WIDOWED, DIVORCED. (Specify): MARRIED 12-13	Months D	ays Hours Min.
	every	OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
S	cau	work done during most of working life. even if retired): POLICEMAN-Guard C & P. Tel.		S. A.
Idi	ppl3	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDING	Supply ite the c	WILLIAM BROWN	NORA FREDERICKS	
FOR	INK. Su se write	(YES, give war or dates of service) WI 1 10.8 DCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
		(TESIO, of arriver) of service) WW I dates 215-22-1974	CLIN.REC., VET. ADM. HOSP., FT. HOW	
MARGIN RESERVED	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	HON	INTERVAL BETWEEN
RV	IQ .:	420./ CORONARY T	HROMBOSTS	SUDDEN
SE	UNFA	IMMEDIATE CAUSE (A) OUTOMATEL I		
RE		DISEASES OR CONDITIONS, IF ANY. (B)		
Z	WITH it. Phys	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
ARC	WI ut.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
M	MINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE ARSCESSES	OF PANCREAS	UNKNOWN
1	AINLY, imports	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?
	3	A_		YES X NO
0	RITE PL	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	(State)
C	× m	DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	2 21F. HOW DID INJURY OCCUR?	
111	OR e is	22. I hereby certify that attended the deceased from AUG.	16. 1955 to SEPT. 12. 1955 that Jules	-newytheyleeneed
53	DO I	Macro Company and that death occurred at	- A	
10-	TYPE rect ag	SIGNATURE	ADDRESS	TE SIGNED
1	SE TYI	WELLTAM B. VANDEGRIPT W.D. MANE OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	-12-55 county) (State)
15		BURIAL (SPECIFY) Sept. 15, 1955 ALTTMORE N	A STOWARD COMMITTEE CONTROL COLOR CO	county) (State)
. A1	PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ATIONAL CEM. BALTIMORE, MARYL	AND
VS		REGISTRAR	WM. TICKNER & SON, NORTH & PEN	NA. AVES.
			THE PARTY OF THE P	

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THE WAY THE THE SELECTION OF STREET ASSESSMENT OF STREET

VS. A15

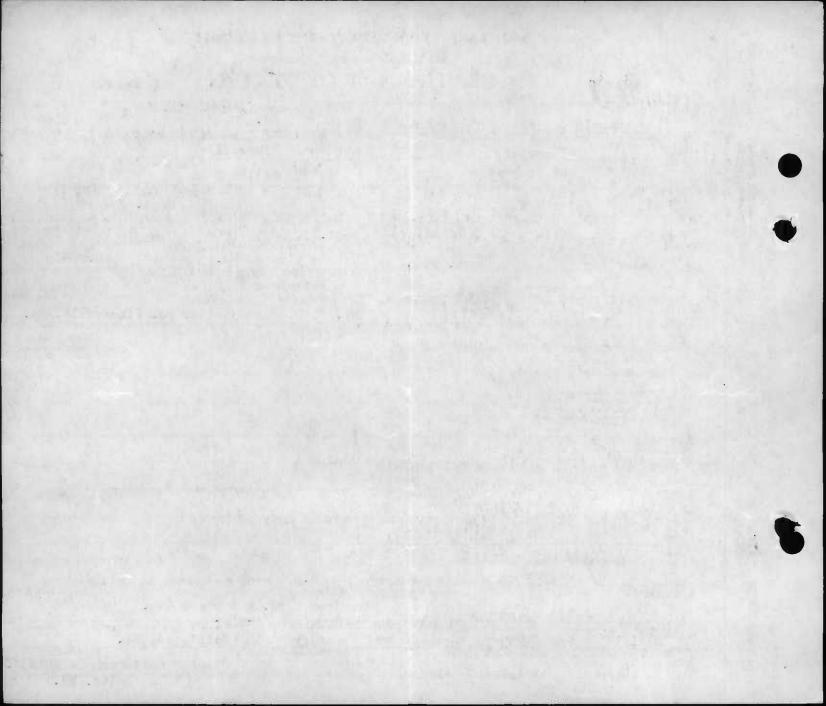
08388

8337

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEAT COUNTY	H. Saltimore	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED	OUNTY Baltimore
CITY (If outside of OR givo nearest TOWN	orporate limits, write RUR. t town) Pikesvill	(in this place)	CITY (If outside corpor OR TOWN Pikes	nte limits, write RURAL VILLE	and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Keller Ro	ad	STREET ADDRESS Kelle	(If rural, give locar Road	itlon)
3. NAME OF	(First)	(Mlddle)	(Last)	4. DATE (Mon	
DECEASED (Type or Print)	Helen E.	Bunn		OF DEATH Sept.	
female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTICA	s. DATE OF BIRTH Sept. 1, 1899	56 yrs. 1	If under 1 year If under 24 hrs. Montha Days Hours Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Dept. Store	Baltimore,	Md.	12. CITIZEN OF WHAT
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN		
	John George O		Elizabeth C		
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates (service)	7 16. SOCIAL SECURITY No.	Mr. C. G. Bunn,		ikesville, Md.
		18. MEDICAL CH	ERTIFICATION		INTERVAL BUTWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		1	ONSET AND DEATH
Immediat	./	CALAMARKI	occlussion	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 minutes
Immedia	te cause (a)	Cororoger		ALL LANGE DEVINE CONTRACTOR OF THE PARTY OF	AND A TOWN THE REAL PROPERTY.
Diseases or giving rise t	nt cause(s) conditions, if any, to the above cause underlying cause last				***************************************
	(e)				
Conditions contrib	ICANT CONDITIONS uting to the death hut not use or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
0					Yes 🗆 No 🔀
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ				OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	tify that I attended th	e deceased from 12/3	1, 19 \3, to 9/	25, 1955, that I	last saw the deceased
alive on	9/23, 19.55, an	d that death occurred at	Address from the	causes and on the	date stated above.
(Rob	enta. Re	iter m. D. G	arrison Blvd.,&	Ma	9/26/55
23. BURIAL, CREM REMOVAL, Spo	f ^(1y) 9/28/1955	Cathedral	Cemetery	Baltimore, M	id.
DATE REC'D BY REG.	LOCAL REGISTRAR'S	SIGNATURE Luch/Lil	le Vermon Sen		Park Heights A.
					Balto, Md.



2411 N. Charles Street, Baltimore

8338

correct age

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED

CERTIFICATE OF DEATH

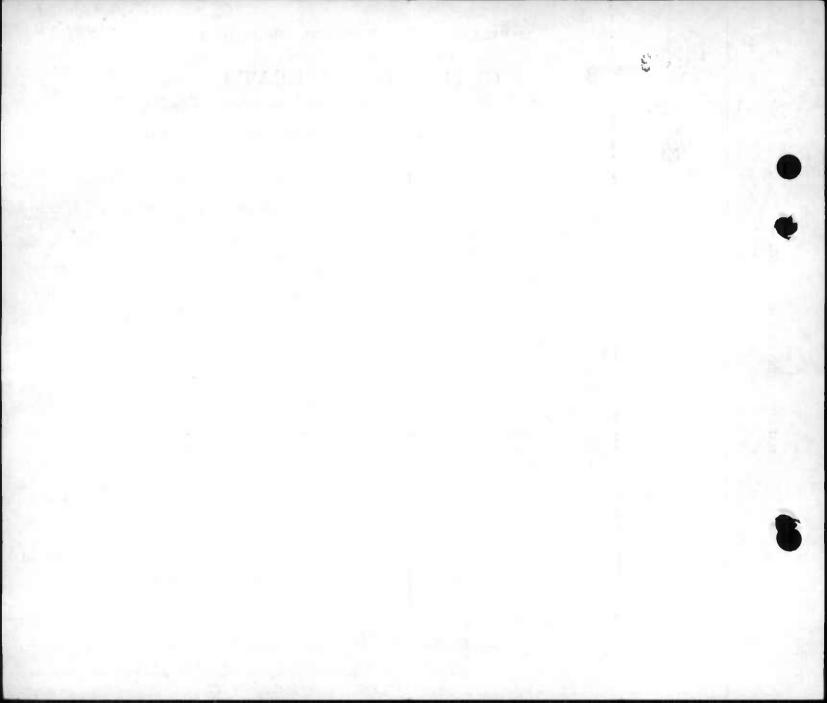
08389

Reg. Dist. No....

	Reg. Dist. Iv	·
1. PLACE OF DEATH- COUNTY BALLO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MD COUNT	Y Balto
CITY (If outside corporate limits, write RURAL and COR give nearest town) (H 16A13U//E His thip clace)	CITY (If outside corporate limits, write RURAL and glock TOWN LATENSUILE	ve nearest town)
HOSPITAL OR INSTITUTION OR JOO ///HON HVE	STREET ADDRESS 160 HILLON HUE	1
3. NAME OF DECEASED (First) (First) (Middle) (Type or Print)	BURFORD SR DEATH SAPT	(Day) (Year) 27 19 S
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Dec 7-1869 85 yrs. Months	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) A 1116 R KIMMINIA S INDUSTRY OW MER	MARY MAND	2. CITIZEN OF WHAT
JACKSON SIVELL BURFORD	14. MOTHER'S MAIDEN NAME	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no. 87 unknown) (If yes, give war or dates of 3/6-32-5849)	WILLIAM A BURTORD VR 3782	W FRANKIN SI
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
420.1	Deeluria	39 minit
Antecedent cause(s) Diseases or conditions, if any, (b) Arteria se (rease		10 ym
giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Vascolon Accident	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July	, 19.57, to 8 pt 24, 19.55, that I last a	saw the deceased
alive on, 19.52., and that death occurred at	ADDRESS and on the date st	tated above. DATE SIGNED
I talet qu. Lary his. 4	sox Trederick Our	9/27/5)
	RY OR CREMATORY LOCATION (City, town, or count LIEURA BALLIAN RE.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR EVANS & SCAL	ADDRESS

118 H. MIT. ROYAL ALE

VS. Alb



8368

MARYLAND ST.	ATE DEPARTMEN	T OF HEAD	LTH—B	ALTIMORE.	18 () 8	2390	
Film G 186, 9-22-55				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20 00	0000	
Item 12 bh	CERTIFICATI	E OF DE	ATH	Reg	. Dist. I	Vo. 42	
1. PLACE OF DEATH:		2. USUAL RE	ESIDENCE	HOME) OF DEC	EASED:		
COUNTY BALTO.	MARYLAND	STATE	MD.	COUNTY	BALTO		
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY (in this place)	CITY(If out	tside corpora	te limits, write RI	RAL and	give neares	t town)
5/OR and give nearest town) Halethrope			Haleth	rope		3	1
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2030 North	east Ave.	STREET ADDRESS	030 No	ortheast	Ave.	/	
3. NAME OF (First)	(Middle)	(Last)		DATE (Month)	(Da)		ir)
DECEASED: MATILDA	C A	ARR		OF Sept	. 17,	19	55
5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOWE	MARRIED, 8. DATE	OF BIRTH:	9. AGE	last birthday IF U	NDER 1 YEA		
Female Col. (Specify)	Nid. March	3,1876	79	yrs.	ths Day		Min.
work done during most of working life.	. KIND OF BUSINESS OR INDUSTRY:	II. BIRTHPLA	CE (State or	foreign country)	: 12. CI	TIZEN OF	WHAT
even if retired) Housewife		Nevis	B.W.I.			S. A.	
13. FATHER'S NAME:		14. MOTHER'S	S MAIDEN	NAME:			
Jermiah Huggins		Mary An		3			
(Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMA					
	None		R.A. C	arr 2030	Nort	cheast	Ave
1 DISEASES OR CONDITIONS DIRECTLY I	8. MEDICAL CERTIFICAT	rion				NTERVAL BE	
420.1		1	, .		0	NSET AND	DEATH
IMMEDIATE CAUSE	(A) Orongry	Joy on.	DOS15			7 day	2
ANTECEDENT CAUSE (S)	UE TO AL	</td <td></td> <td></td> <td></td> <td>/</td> <td></td>				/	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	UE TO TY TEXT	o Sciere	0515				
	(c) en	ility.			200		
II OTHER SIGNIFICANT CONDITIONS COL TO THE DEATH BUT NOT RELATED TO T	HE						
DISEASE OR CONDITION CAUSING DE	ATHFINDINGS OF OPERATION	N				11211	
DATE OF OF ENATION.	FINDINGS OF OPERATION	N		EU/C Si		YES N	PSY7
21a. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fac- INJURY street, office bldg.,	tory. 21c. WHEI	RE DID (C	ity or town)	(County)	(Sta	ite)
ZID. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW D	YRULNI DIC	OCCUR?			
22. I hereby certify that I attended the	deceased from G-/	19U . to	9-17	-, 1955, that	I last s	aw the dec	ceased
(h-10, 6	that death occurred at	1-21	1 /	ses and on the			
SIGNATURE	/ /		RESS			SIGNED	-
X brains the		1. D. 7743		n Clup	9-1	9-50	
23. BURIAL CREMATION. DATE THERE				CATION (City, to		unty)	(State)
Burial Sept.19,		Memorial			Md.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.21
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNER	AL DIRECTO	1.00-	1.1	ADDRESS5	1 00
1-11	The	The Name	Luca	muns	-UN	menu.	LAL

THE PARTY OF THE P AND SHOULD BE SHOULD BE A STATE OF THE PARTY OF THE PAR Lechanical States

(Year)

19

Hours

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 24 HRB.

Mln.

Reg. Dist. No.

(Day)

Days

Months

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

The CERTIFICATE OF DEATH carefully legibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY BALTIMORE STATE MARYLAND MARYLAND COUNTY CITYIIf outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) (in this place) and information TOWN FORT HOWARD TOWN 183 DAYS HOSPITAL OR STREET (If rural give location) clearly INSTITUTION OR ADDRESS STREET ADDRESTERANS ADMINISTRATION HOSPITAL 1707 NORTH BROADWAY STREET (First) (Middle) (Last) 3. NAME OF DATE (Month) death Jo DECEASED: OF EDWARD (Type or Print) CHEA TOM DEATHSTEPHENDER item COLOR OR 17. SINGLE, MARRIED. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR

WIDOWED, DIVORCED,

(Specify ARR TEL

13. FATHER'S NAME: JOSH CHEATOM

MALE

DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) WWT

RACE:

work done during most of working life,

IOA. USUAL OCCUPATION (Give kind of)

COLORED

16. SOCIAL SECURITY NO.

10s. KIND OF BUSI

OR INDUSTRY:

MANDA COCHRANN 17. INFORMANT & ADDRESS

11. BIRTHPLACE (State or foreign country):

BLACKSTOCK S. CAROLTNA 14. MOTHER'S MAIDEN NAME:

CLIN.REC., VET.ADM.HOSP.FT.HOWARD.MD. 18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

even if retired STEEL POURER | BETHLEHEM STEEL

IMMEDIATE CAUSE ANTECEDENT CAUSE (8)

21A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. INFARCTION OF MYOCARDIUM

DUE TO ARTERIOSCLEROTIC CORONARY THROMBOSIS

HYPERTENSIVE CARDIOVASCULAR DISEASE AND X998XXXX ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

7 YEARS

ONSET AND DEATH

MINUTES

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THROMBOSIS (1) MIDDLE CEREBRAL ARTERY

DISEASE OR CONDITION CAUSING DEATH. WITH

(C)

198. MAJOR FINDINGS OF

21B. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc.

21c. WHERE DID INJURY OCCUR?

(County)

(State)

20. AUTOPSY? NO

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E INJURY OCCURRED Not while at work at work

21F. HOW DID INJURY OCCUR?

DATE SIGNED

M.D. Acting Chief Medical Service VAH FORT HOWARD MARY JAME, 9/13/55. IRVING FREEMAN.). 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BALTIMORE NATIONAL CEMTERY BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR

RANDOLPHRADOLEGE TUNERAL HOME 11412 E. PRESTON STREET, BALTO.,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8333	C	ERTIFICAT	CE OF	DEAT	H	Reg. Dist. No	o. 49
1. PLACE OF DEATH- COUNTY BALTO		MARYLAND	2. USUAL E	RESIDENCE (H	IOME) OF DE	COUNT	BALTU.
CITY (If outside corporate lin OR give nearest town)	ERE U9	LENGTH OF STAY	TOWN	EDGEN	HERE	RURAL and giv	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 960	9 MANO	R AVE.	STREET		MAR	give location)	VE -
DECEASED (Type or Print)	Yrst)	A YERS	COUSS	on	4. DATE OF DEATH	(Month)	(Day) (Year
FEM. WI	HITE W	SINGLE, MARRIED, IDOWED, DIVORCED, (Specify)	S. DATE OF	.1813	0/1	yrs. Months	I year If under 24 h
done during most of working life,	ve kind of work 100 even if retired) IN	b. KIND OF BUSINESS OR		PLACE (State of	7.	y) 12	COUNTRY?
13. FATHER'S NAME ERRY	MYERS		ADA	GR'S MAIDEN GLINE	(1)		
15. WAS DECRASED EVER IN U.S. Yes, no. or unknown) (If yes, giver is ervice)		6. Social Security No.	10.6. 6	BULSON.		GLBORN R	d. DUNDAL
I. DISEASES OR CONDITION	S DIRECTLY LEA	18. MEDICAL CE	ERTIFICATION				INTERVAL BETWEE ONSET AND DEAT
420.0 Immediate cause	(a)	Hypostatic of	umon	u.		******* *******************************	3 dys
Antecedent cause (s Diseases or conditions, i giving rise to the above stating the underlying c	fany, (b)	Esternshirte	Nt. o	Sheise			3 gro.
II. OTHER SIGNIFICANT CO	(e)	Thursbyed	arterns	elemens			3 yrs
Conditions contributing to the related to the disease or condit	death but not lon causing death.						
19a. DATE OF OPERATION							Yes No
21. ACCIDENT (Specify SUICIDE HOMICIDE	OF of INJURY	Home, farm, factory, street, fice bldg., etc.)	0 0 0 0 0	(CITY OR T		(COUNTY)	(STATE)
TIME (Month) (Day) (YOF INJURY	Wh	JURY OCCURRED dle at Not While ork At work	HOW DID	INJURY OCC	CUR?		arte de la
22. I hereby certify that I			44.				aw the deceased
signaturi	., 19.5.4, and th	(Degree or title)	ADDRESS	n., from the	causes and	on the date st	ated above. DATE SIGNED
23. BURIAL CREMATION	DATE THEREOF	NAME OF CEMETE	S 20 CREA	MATORY L	OCATION (CI	y, town, or count	9/6/15 ty) / (State)
23. BURIAL CREMATION 1 REMOVAS (Specify) DATE REC'D BY LOCAL	9-8-55 REGISTRAR'S SIG	NATURE A	9WN	AL DIRECTO	19UTO.	Co. Mc	de '
REO LET 9 19.55	Andisi KAK'S SIG	Larber 1	hall	2 STREET	Sentley	100. Julk	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

SEP 9 1955
SEP 9 1955

4124

8360

CERTIFICATE OF DEATH

Reg. Dist. No. 4/

				,
I. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEA	SED:
COUNTY Baltimore	MARYLAND	state Ma	ryland	COUNTY Balto
CITY (If outside corporate limits write RURAL)	LENGTH OF STAY	CITY (If outsi		URAL and give nearest town)
53 TOWN Dundalk	(in this place)		rındalk	53
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3423 Liberty Par	kway	STREET ADDRESS 3	(If rural give 3423 Liberty Park	
3. NAME OF (First) (Mid DECEASED: (Type or Print) WILLIAM W.	dle) CRAN	(Last) DELL	4. DATE (Month) OF DEATH: Sept. 8	(Day) (Year) 3, 1955 19
5. SEX: 6. COLOR OR RACE: WIDOWED, DIV (Specify): Mar	orced, ried June	of Birth: 24, 1893	9. AGE last birthday: If U Mon	nths Days Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KINI	O OF BUSINESS OF USTRY:	Virgini	E (State or foreign country	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MA		
John Crandell		Rose Lee		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA	L SECURITY No.: 17.	INFORMANT & Al	DDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	DA	elbert Crand	lell 3423 Liberty	Parkway
Immediate cause Antecedent causes (s) Diseases or conditiona, if any, giving rise to the above cause stating the underlying cause last. (c) II. OTHER SIGNIFICANT CONDITIONS	V type n	yhiv		<u> </u>
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION: 19b. MAJOR FINDING	GS OF OPERATION			20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, OF office INJURY	farm, factory, street, oldg., etc.)	(CITY OR TO	WN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY While at Work		HOW DID INJUI	11	
SIGNATURE (Degree of	th occurred at r title) NAME OF CEMETE Belair Me	Al 29 % RY OR CREMATOR MORIAL GARDE 24. FUNERAL DIR	om the causes and on the obress Y LOCATION (City, towns Belair, Mector	wn, or county) (State)
Selet 12-1955 //18/1900	m. Kelly	Ullrich Fun	eral Home 2112 D	bundalk Ave.

7S. A15

MARGIN RESERVED FOR BINDING



PLEASE TYPE

8391

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEAPH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY PHILLS MARYLAND	STATE MA COUNTY BUILT
CITY (If autside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and him nearest towns (in this place)	TOWN MI MILLO RIVER) 715
HOSPITAL OR	STREET (If rural give, location)
INSTITUTION OR	ADDRESS A
STREET ADDRESS	1/ Hawkom /d
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dny) (Year)
(Type or Print Annie & Lanells	OF DEATH: 44 1953
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRE.
Lendo Secity): WY WW July	192/866 89 yrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. even if retired wife wife 13 FATHER'S NAME:	h, N- COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
1 ch m el	The 100 beggins
fourence The truth	Callemi Oto ormer
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of service)	Mengaret Mc Fruit
18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
422.1 (1. tr. ii.	poleration Cardio- Brushor 4 ym
IMMEDIATE CAUSE (A)	principles of the first of the
ANTECEDENT CAUSE (S)	o. L/o Pit
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	· / Lecelly
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
0-10	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from fully !	, 1950, to spit. 24, 1953, that I last saw the deceased
alive on Aget. 24 . 1955 and that death occurred at	(2) 30 A. M. from the causes and on the date stated above.
SIGNATURE	ADDRESS DATE SIGNED
James & White M	. D. Rolltium 24, 24 9/24/53-
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (9/ty, town, or county) (State)
REMOVAL (SPECIAL) Sept 26/35 Oak La	un Balta Go
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	129 EUNERAL DIRECTOR (ADDRESS
REGISTRAR	124. EUNERAL DIRECTOR GADDRESS

Biggions

TE TA hysuna

SEP 28 1955

DECEINE

VS.

8392		CERTIFIC	CATE	OF DE	CATH	Reg.	Dist. No. 3	ζ
1. PLACE OF DEATH:			2.	USUAL RESI	DENCE (HOME)	OF DECEASE	D: Prine	20
COUNTY Baltim	ore	MARYLA	ND	STATE M	aryland		COUNTY Geor	
CITY (If outside corpe OR and give nearest TOWN Owing	orate limits, write Rittown)	URAL LENGTH O	F STAY place)	OR	side corporate lin		RAL and give near	rest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Rosewood Sta			STREET		If rural give lo		1
	(First) Janet	(Middle) Lois	Day	ast)	4. DATE OF DEATH:	(Month)	(Day) (Year 3 19	55
5. SEX: 6. COLOR RACE: Whi	WIDOWE	MARRIED, ED, DIVORCED, ESINGLE	8. DATE OF 5/20/		9. AGE last b	yrs. IF UNI	DER I YEAR IF UNDER Days Hours	Min.
10a. USUAL OCCUPATION work done during most even if retired):	of working life,	b. KIND OF BUSI INDUSTRY:		Was	shington,		12. CITIZEN O COUNTRY?	F WHAT
I3. FATHER'S NAME:			14	MOTHER'S M	AIDEN NAME:			
William Scot	t Davis				eulah Lois	Miles		
15 WAS DECEASED EVER IN (Yes, no, or unk.) (If Yes, service)	U.S. ARMED FORCES? 1 give war or dates of	6. SOCIAL SECURITY	No.: 17. IN	ROSEWOOD	ADDRESS:			
Immediate cause Antecedent causes Diseases or conditions giving rise to the ab- stating the underlying	cause last, DUE TO	Hydro	cetha freele	lus Crejan La Cre	sed) faired)	Cong	en.
Conditions contributing related to the disease o	r condition causing de		0					
19a. DATE OF OPERATION	19b. MAJOR F	INDINGS OF OPE	RATION					TOPSY ?
21. ACCIDENT (Sp SUICIDE HOMICIDE	ecify) PLACE OF INJURY	(Home, farm, facto	ory, street,	(CITY OR TO)WN)	(COUNTY)	(STATE)	No 🗆
TIME (Month) (Day) OF INJURY	1	NJURY OCCURED While at Not W Work At W		HOW DID INJU	JRY OCCUR?			
22. I hereby certify th	at I attended the, 19.55, and the CI	deceased from at death occurred before or title. NAME OF ARKAGAL	9/2/ ed at 5:0 CEMETERY	0 p.m. fr	Stationary Location	and on the	date stated about part signe or county (State)
			8	16 4 54	, N.E., N.	wahing To	m. D.C.	

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BUREAU V. S. SGDI 8 de la companya de la companya

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PLEASE TYPE OR WRITE PLAINLY,

correct age is

BURIAL

D.o.

REC'D BY LOCAL

REGISTRAR'S

SIGNATURE

especially important. Physicians:

Supply every item of information carefully. The

please write the causes of death clearly and legibly

08397 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8394

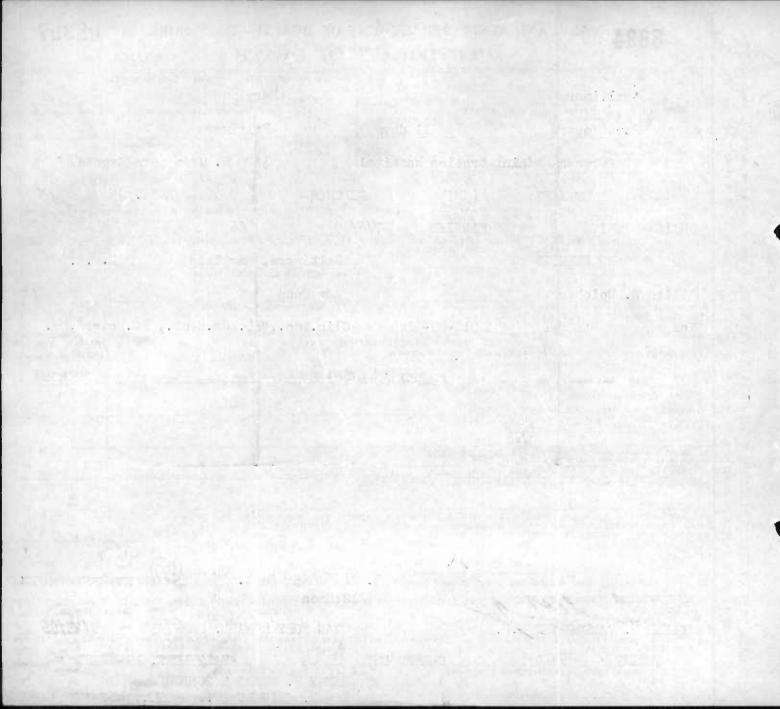
CERTIFICATE OF DEATH Reg. Dist. N	o. —
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND STATE Maryland COUNTY	
CITY (If outside corporate ilmits, write RURAL CITY (If outside corporate limits, write RURAL and on this place) OR and give nearest town) TOWN Town II and the corporate limits, write RURAL and the corporate limits are corporate limits.	zive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural give location) ADDRESS 1120 E. Belvedere Aven	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: OF OF DEATH: SEPT. 25	(Year) 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED 7/8/89 66 yrs. Months Days	Hours Min.
OA UAL OCCUPATION (Give kind of done during most of working life. or if retired) BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 11. BIRTHPLACE (State or foreign country): 12. CIT COLUMN BOOKKEEPER 12. CIT	JNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
William J. Delcher Ada Doud	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
Yes of service) WWI 218-09-6184 Clin.Rec., Vet.Adm.Hopp., Ft.Howa	rd.Md.
	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	UNKNOWN
DUE TO	OMENOWN
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
104 DATE OF OPERATION. 198 MAJOR FINDINGS OF OPERATION	
	ES X NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory. OF INJURY Street, office bldg., etc. INJURY OCCUR? (County)	(State)
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
22. Treby certify that A attended the deceased from Sept. 14, 19 55 to Sept. 25, 19 55 that Tolk Sept.	Wollecasesses
and that death occurred at 12: Noon from the causes and on the date star ADDRESS	
WIKLTAM B. VANDEGRIFT D. M. D. VAH FORT HOWARD, MARYLAND 23. RIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or col	7/25/55
	inty) (State)

MARYLAND

ADDRESS

FUNERAL DIRECTOR
Y W. MEARS & SONS

ST.



8361

MARGIN RESERVED FOR BINDING

VS. A15

CERTIFICATE OF DEATH

				. No. /
I. PLACE OF DEATH:			E (HOME) OF DECEASED:	
COUNTY Baltimare	MARYLAND	STATE Mary	land coun	NTY Baltimor
CITY (If outside corporate limits, wri	te RURAL LENGTH OF STAY	CITY (If outside co	rporate limits, write RURAL a	and give nearest town
OR and give nearest town) Dundalk	(in this place)	TOWN Dunda		53
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1945 Dundal	k Ave.	STREET ADDRESS 1945	Oundalk Ave.	1)
3. NAME OF (First) DECEASED: (Type or Print) JOSEPHINE	(Middle) M.	(Last) 4. DIEHM	DATE (Month) (Da OF DEATH: Sept. 10,	
5. SEX: 6. COLOR OR 7. SIN		OF BIRTH: 9. A	GE iast birthday: IF UNDER I	
Female White Spe	owed, DIVORCED, Jan.	2, 1904	51 yrs. Months I	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At home	10b. KIND OF BUSINESS OF INDUSTRY:	Virginia	ate or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN	NAME:	
William Scruggs		Jøsephine 1	hacker	
15 WAS DECEASED EVER IN U.S. ARMED FORCE	8? 16. SOCIAL SECURITY No.: 17	INFORMANT & ADDRE		
(Yes, no, or unk.) (If Yes, give war or dates service)	of C	raot J. Diehm	1945 Dundalk Ave.	
	18. MEDICAL CERTIFICAT			Interval Betwee
1. DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH	ic Heart	Dis.	Onset And Deat
Immediate cause	(a)E TO			
Antecedent causes (s) Diseases or conditions, if any,				
giving rise to the shove course	(b) E TO			
stating the underlying cause lass.	(c)			
II. OTHER SIGNIFICANT CONDITIONS		1		2 1
Conditions contributing to the death bu related to the disease or condition causi	ng death. Yemin	le sit		1 3 mos
19a. DATE OF OPERATION: 19b. MAJ				20. AUTOPSY ?
				Yes No
SUICIDE	ACE (Home, farm, factory, stree office bldg., etc.) JURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)		HOW DID INJURY O	CCUR?	
INJURY m.	Work At Work	CU 9.1	1	t the dances
22. I hereby certify that I attended				
alive on 4-9 , 1955, an	d that death occurred at	from t	he causes and on the date	stated above.
(SIGNATURE DO POLICE	(Degree or title)	of 2 2 M	d. 9-	10-55
23 BURIAL, CREMATION, DATE THE	REOF NAME OF CEMETE		LOCATION (City, town, or o	county) (State)
	13, 1955 Meadow Ri		Dorsey, Md.	
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE	24. FUNERAL DIRECT	OR	ADDRESS
REGISTRAR 104-2 William	- my/200.	1177 E	7 17 07 70 T	72 4

BUREAU V. S.

SEP 14 1955

OBALEDS !

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

8395			E OF DEAT	Reg.	Dist. No)•	***********
1. PLACE OF DEATH Bal	timore	MARYLAND	2. USUAL RESIDENCE (I	iome) of deceasi	COUNTY	Baltin	nore
CITY (If outside corporate 55 OR give nearest town)	limits, write RURAL Baltimore		CITY (If outside corpora		L and giv	e nearest tov	vn) 5.5
HOSPITAL OR INSTITUTION OR STREET ADDRESS	409 Chestn	ut Avenue	STREET ADDRESS 409	Chestnut Av	enue #	4	1
3. NAME OF DECEASED (Type or Print) Mr.	(First) John	(Middle) Hardin Dou	(Last) ugher	4. DATE (M OF DEATH	Sept.	(Day) 25th	(Year) 1955
male	white ,	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	June 28, 1904	9. AGE last birthday 51 yrs.	Months.	Days Hou	rs Min.
done during most of working H Insurance	(Give kind of work 1 lie even if retired) United Insu	IOB. KIND OF BUSINESS OR INDUSTRY CO.	Pennsylvania		12	COUNTRY?	F WHAT
Mr. Thomas Dou			Laura Bard	NAME			
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If year serv.)	r, give war or dates of	16. Social Security No.	Mrs. Ethel J. I	100	Chest	nut Ave	9
7. DISEASES OR CONDITION 332 X Immediate cause	(a)	EADING TO DEATH Cerebrol hem	orthean.			ONSET AND	
Antecedent cause Diseases or condition giving rise to the she stating the underlyin	ns, if any, (b)	hypericoned				Lineusc	
11. OTHER SIGNIFICANT	(c)						gn.
Conditions contributing to related to the disease or con	the death hut not						30.
Conditions contributing to	the death hut not ndition causing death.	VDINGS OF OPERATION				20. AUTO	
Conditions contributing to related to the disease or con	the death hut not notification causing death. 19b. MAJOR FIRE city PLACE	(Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (C	COUNTY)		No 😉
Conditions contributing to related to the disease or con 19a. DATE OF OPERATION 21. ACCIDENT (Special HOMICIDE HOMICIDE	the death but not midtion causing death. 195. MAJOR FILE PLACE OF INJUR (Year) (Hour) [(Home, farm, factory, street, office bldg., etc.)	(CITY OR T		COUNTY)	Yes 🗆	No 😉
Conditions contributing to related to the disease or con 19a. DATE OF OPERATION 21. ACCIDENT (Special Contribution of Suicide Homicide Homicide Time (Month) (Day) OF INJURY	the death but not not indition causing death. 195. MAJOR FIN	C (Home, farm, factory, street, office bidg., etc.) Y NJURY OCCURRED While at Not While Work At work deceased from that death occurred at (Degree or title)	HOW DID INJURY OCC, 1946 to	CUR?	I last sa	Yes [] (STAT	No (S)
Conditions contributing to related to the disease or con 19a. DATE OF OPERATION 21. ACCIDENT (Special Contribution of Suicide Homicide Homicide Time (Month) (Day) OF INJURY 22. I hereby certify that alive on	the death but not not indition causing death. 195. MAJOR FIN 195. MAJ	C (Home, farm, factory, street, office bidg., etc.) Y NJURY OCCURRED While at Not While Work At work deceased from that death occurred at (Degree or title) NAME OF CEMETE! Mor eland Me	HOW DID INJURY OCCUPATION TO THE ADDRESS TOUR YOR CREMATORY I	causes and on the Cocation (City, town Baltimore,	I last sa date sta	Yes (STAT) aw the declared above DATE SI 26.5	No (S) Ceased GNED

Dr. Robert Allison 4 York Road - VA 5 1313 - 2-8815 Wolverton NO 5 2424 -

LE L'ETATA HOURTANT

Schimunek Funeral Home 2601-03-05 East

Madison Street. uni unew.

DATE REC'D BY LOCAL!

REGISTRAR'S SIGNATURE

Tenentale II. Fa ne, PER Indiana Marchael be whites fact 70-8-100s and I show I seem blotte

NFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

8397

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

I. PLACE OF DEATII.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
BALTTMORE MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	MARYLAND	
OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)		e nearest town)
Y TOWN FORT HOWARD (in this place)	TOWN BALTIMORE	3V01-14
HOSPITAL OR	STREET (If rural, give location)	
50 INSTITUTION OR STREET ADDRESSVETERANS ADMINISTRATION HOSPIT	AL 522 W. BALTIMORE STREET	/
3. NAME OF (First) (Middle)	(Last) 522 W. BALTIMORE STREET	(Day) (Year)
DECEASED	OF	()
(Type or Print) PATRICK A.	EGAN DEATH SEPTEMBER	1 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE last birthday II under Months	Days Hours Min.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	1-7-89 66ym.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY SATIOR		U.S.A.
13. FATHER'S NAME	BOSTON, MASSACHUSETTS	
PATRICK EGAN	CATHERINE CONLEY	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	CITAL DAM TEM ADM HOOL TEM HOW	4.070 3.000
YES service) WW I UNKNOWN 18. MEDICAL CI	CIIN.REC., VET. ADM. HOSP., FT. HOW	ARU, MU.
	BRIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
600. Immediate cause (a) ABSCESS OF RIGHT	TONEY	UNKNOWN
Immediate cause (a) ADOURDO OF ALIGHT	110 N 100 1 000 1	THORIDAN
Antecedent cause(s) DUE TO: UNKNOWN		
Diseases or conditions, if any, (b)	0000 000 70 807 1 7 7 700 88 808 8 7 7 8 8 8 7 7 8 8 8 7 8 8 8 7 8 8 8 7 8 8 8 7 8 8 8 7 8 8 8 8 8 8 9 7 8 8 8 8	+0.355.00.00 -0.000.00-0-0-0-0-0-0-0-0-0-0-0-0
giving rise to the above cause stating the underlying cause last		
917.9		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not	MITTER TOTAL OUT TO A DESCRIPTION OF THE PROPERTY OF THE PROPE	P 100377777
related to the disease or condition causing death BURNS OF EXTREMT	THES, 18t, 2nd and 3rd DEGREE	7 MONTHS
DATE OF OFERATION ISS. MAJOR PRODUCTS OF OFERATION		
		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
While at work Not while at work		
The state of the s		
22. I certify that I took charge of the remains described above, held an	Autopsy Inspection, Inquiry thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dec	eased died on the day stated above, and deoth in my	opinion resulted
from: noturol couses a accident , suicide , homicide		DATE SIGNED
SIGNATURE (Degree or title)	Albert mekceal Evans	O TO IT
(MMM) mone (M. H.	DI It To Dundoll sa	200 112199
23. BURIAL, COMMENTAL DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or count	y) (State)
TANAGAMA (C III)		- 14
		ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	WM. COOK-BLIGHT INC. 6009 HARF	ORD, RD
1/2/20 14/11/02/11/02	BALTIMOR	3 MD
Dawson L Farkey		
a dancy		

BUREAU V. R.

SEE & 1922 SECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEA

Reg. Dist. N 8402

8393 . CENTIFICATI	Reg. Dist	NV O POD
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Bultimore MARYLAND	STATE Maryland COUR	VTY Galtimore
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL a OR TOWN TOWN TOWN	nd give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shepperd Rd	STREET (If rural give location ADDRESS Shelpher & R. L.	
3. NAME OF DECEASED: (First) (Middle) (Middle)	(Last) 4. DATE (Month) (Da OF DEATH: SIAt 4	y) (Year) 19 53
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): married nor		EAR IF UNDER 24 HRS
10a. USUAL OCCUPATION. Give kind of work done during plost of working life, eyen if retired): 13. FATHER'S NAME: 10b. KIND OF BUSINESS OF INDUSTRY: 13. FATHER'S NAME:	Baltimore, Ind 2	CITIZEN OF WHA COUNTRY?
William J Ersenhardt	14. MOTHER'S MAIDEN NAME:	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of service) Worlduan 1 218-18-7292	. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICAT 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)	-ck Coronary Occhision	Interval Betwee
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street of office bldg., etc.) IOMICIDE INJURY	t, (CITY OR TOWN) (COUNTY)	STATE)
Time (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	
Starte RE (Degree or title)	from the causes and on the date	
from team	HILLGURANS of mo Co 4 gos	york nd

UNFADING INK, Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

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Physicians

important.

especially

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correct

COUNTY

NAME OF

CITY

TOWN

OR

5. SEX:

male

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

(C)

21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day) (Year) (Hour) OF "INJURY

alive on

SIGNATURE

21E INJURY OCCURRED Not while at work at work

22. I hereby certify that I attended the deceased from July

23. BURIAL, CREMATION DATE THEREOF

REMOVAL (SPECIFY) Burial

Woodlawn Cem.

and that death occurred at

NAME OF CEMETERY OR CREMATORY

21c. WHERE DID (City or town)

21F. HOW DID INJURY OCCUR?

ADDRESS

INJURY OCCUR?

LOCATION (City, town, or county)

1954 to 100 130 195, that I last saw the deceased

M, from the causes and on the date stated above.

20.

YES

DATE SIGNED

(County)

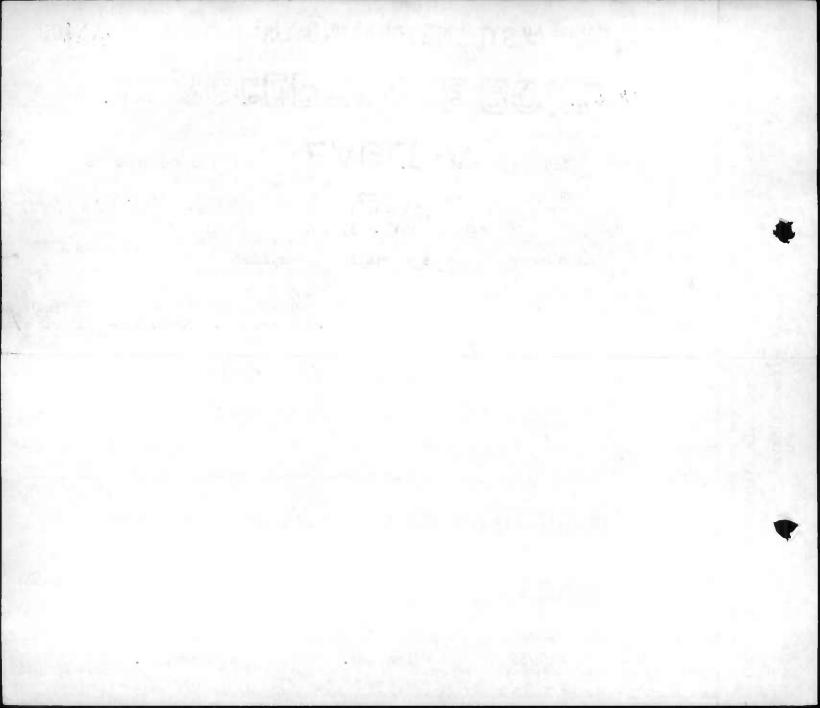
AUTOPSY?

(State)

NO [

10/4/ Woodlawn. FUNERAL DIRECTOR APORESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

M. D.





CERTIFICATE OF DEATH

Reg. Dist. No.

84 0		
1. PLACE OF DEATH- COUNTY Baltimore MARYLAND		Baltimore
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Bird River Beach (in this place)	CITY (If outside corporate limits, write RURAL and give OR Bird River Beach	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 268 Rt 16	STREET (If rural, give location) ADDRESS Box 268 Route 16	/
3. NAME OF DECEASED Mr. James Henry Evans	Sr. 4. DATE (Month) OF DEATH Sept.	(Day) (Year) 21st 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTLED	Aug. 23, 1911 9. AGE last birthday If under. Months.	1 year Hunder 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) Sup. CITCULATION INDUSTRY A. S. Abell C.		COUNTRY? USA
13. FATHER'S NAME James C. Evans	14. MOTHER'S MAIDEN NAME Rose Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of 123-03-2704) service) W.W.2	Mrs. Marie Johanna Evans, Box 26	68 Rt 16 #20
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH S C	RTIPICATION Solution	INTERVAL BETWEEN ONSET AND DEATE
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
alive on	ADDRESS Read St. ADDRESS ROOT LOCATION (City, town, or count Baltimore, Mary)	DATE SIGNED (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Leonard J. Ruck. 5305 Harford	Road #14

Dr. Novak
Medical Arts Bldg
Until 12 noon Wed.

84 1

The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No

		Meg. Dist	. 140.		
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
gib	COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY			
and legibly	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest tow			
pu	OR and give nearest town) FORT HOWARD (in this place) 12 DAYS	BALTIMORE	3 VO 1 - 4		
>	HOSPITAL OR	STREET (If rural give location)			
clearly	50 STREET ADDREVETERANS ADMINISTRATION HOSPITAL	ADDRESS	7		
cle	The second secon		Day) (Year)		
death	DECEASED: (Type or Print) LEO JOSEPH FIEDI	OF			
des	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday Ir UNDER			
of	MALE WHITE MARRIED 8-23-96	Months I	Days Hours Min.		
ses	IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT		
causes	work done during most of working life. OR INDUSTRY: even if retired): MUSICIAN Band		COUNTRY?		
e c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	. S. A.		
the the	ALBERT FIEDLER	IDA DOMBROWSKI			
write	IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
	(Yes, no, or unk.) (If Yes, kive war or dates of service) WW I	CLIN.REC., VET.ADM.HOSP., FT.HO	WARD MD		
on the state of th					
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN		
11	164X MMEDIATE CAUSE (A) THORACIC INLET CARCINOMA, LEFT		UNKNOWN		
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sici	ANTECEDENT CAUSE (A) THORACIC INLET CARCINOMA, LEFT UNKNOWN ANTECEDENT CAUSE (S: DUE TO DUE TO GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
hy					
ant	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ort	TO THE DEATH BUT NOT RELATED TO THE CEREBRAL ME	CTASTASIS	UNKNOWN		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION					
	2		20. AUTOPSY?		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)				
	OF INJURY				
	22. I hereby certify that Kattended the deceased from JULY 26 1955, to SEPT.6., 1955, the XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
age					
ADDRESS DATE SIGNATURED WARVIAND 9-6-					
					٥
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR -8-55 Q. H. HEGISTRAR BILLIMON LEMMON FUNERAL HOME ADDR. 1611 PARK HEIGHTS AVE., BALTIMON					

VS. A15 -- 10 - 53

TO SEE THE PERSON OF THE PERSO AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OA NO MAR	CILAND STATE	DEPARTMEN	T OF HEALT	H—BALTIMUR	(18) (18)	406
84:2	CEF	RTIFICATI	E OF DEA'	TH 1	Reg. Dist. No. 5	0
1. PLACE OF DEATH:			2. USUAL RESID	ENCE (HOME) OF	DECEASED:	
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COUNTY (If outside corpor	ate limits, write RURAL	MARYLAND LENGTH OF STAY	STATE CITY II outside	county	RURAL and give ne	n rout tourn)
OR and give nedrest	town)	in this place)	OR TOWN	2	21/	areac wwiij
HOSPITAL OR	nice	Ma MO	STREET	(If rural gly	o location)	1-4-
90 STREET ADDRESS 9	dmith	undan	ADDRESS	3 Chusti	Lield	and
3. NAME OF DECEASED:	rst) (Mid	idle) L.	(Last)	4. DATE (Mor	(Day)	(Year)
	mas y	ur	of BIRTH:	DEATH:		1950
RACE:	OR 7. SINGLE. WARR WIDOWED, DIV (Specify):	ORCED. 7/25	Walter		Months Days Hour	B Min.
iOA. USUAL OCCUPATION work done during post of even if retired)	Give kind of 10s. KINE working life, OR	OF BUSINESS	IT. BIRTHPLACE	State or foreign coun	try): 12. CITIZEN	
13. FATHER'S NAME:	uan Ral	to cely	14. MOTHER'S M	AIDEN NAME:	- Col	
milely	Al it		mase.	1.1-4	•	
noney	Jannesy	CIAL SECURITY NO.	17. INFORMANT	a ADDRESS A	mourice	_
(Yes, no, or unk.) (If Yes, g	A /	CIAL SECURITY NO.	The Order	a ADDRESS:	0 - , 0	. 1
of service)	01/0	-05-00/0	misoli	schael	relele	WY
I DISEASES OR CONDIT		DICAL CERTIFICAT	ION			BETWEEN ND DEATH
422.1		Daga	L.v. Un.	L 1)-cal	- 4	NO DEATH
IMMEDIATE CAU	SE (A)	Ur gener	2/112 /18dr	T VISEC.	52	
ANTECEDENT CAUS	E (S)		1. 1 1.	1 ~ /		
DISEASES OR CONDITION	IS, IF ANY, (B)	Genera	lized Mr	terio Scler	05/5.	
GIVING RISE TO THE ABO STATING UNDERLYING C	AUSE LAST. DUE TO	0				
	(C)					
II OTHER SIGNIFICANT		UTING				
DISEASE OR CONDITION						
19A. DATE OF OPERATION:	198. MAJOR FINDI	NGS OF OPERATION	1. /. /	/	20. AL	JTOPSY3
MH2 1953	Intestine!	055 14407	tion (VO/V	0/45 Clc4	4 YES	NO P
21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH OF INJUR	CE (Home, farm, fact RY street, office bldg.,		OID (City or town) R?	(County)	(State)
21D. TIME (Month) (Day)	(Year) (Hour) 21E	Not while	21F. HOW DID	NJURY OCCUR?		
OF "INJURY	M. While at wo		1	· Cost CC		
22. I hereby certify tha		eased from	12, 1903, to	, 19, tl	nat I last saw the	deceased
alive on / 197	5,519 , and that	death occurred at	G. P. M, from t			
SIGNATURE	· Shatt 1	2- J. M	Catins Vil	12 28 md	DATE SIGNED	+55
23. BURIAL, CREMATION	DATE THEREOF		ERY OR CREMATORY	LOCATION (Cit	y, town or county)	(State)
Durial	1/4/00	fen Ca,	Mudeal	Jal	O ADDRES	1/d.
DATE REC'D BY LOCAL REGISTRAND	REGISTRAR'S SIGN	riure VV	Mac 9	All Gr	Low	>>(
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BUREAU V. S.

SEP 13 1965

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ಹ and that death occurred at 1.25 M, from the causes and on the date stated above. alive on Q 9 ADDRESS SIGNATURE !

M. D. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY)

LOCATION (City, town, of

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARO

9-12-55

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	EXAMINER	S CERT		01 11		No
1. PLACE OF DEATH	24	2	. USUAL RESIDENCE	(HOME) OF DE	CEASED:	
COUNTY /20	llo.	MARYLAND	STATE	COUNTY		
CITY (If outside corporat OR and rive neares) to TOWN	te limit, write RURAL I	(in the place)	CITY (If outside cor OR TOWN	porate limits write	RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7/	3 Des north	PL. PS	STREET ADDRESS	(If rural,	give location)	,
3. NAME OF DECEASED: (Type or Print)	First , (Midden)	ile) Fr	Last)	OF DEATH	onth) (Day)	(Year) 19 5 5
S. SEX: 6. COLOR	le (Whowev; DI	. sear	22/1894 9. A	GE last birthday	Months Day	AR IF UNDER 24 HRS. B Hours Min.
10a. USUAL OCCUPATION work done during mos even if retired):		D OF BUSINESS OR	Tallin	State or foreign	(12. (JUNTER OF WHAT
13. FATHER'S NAME:	Ruckels	haus ;	Munice	N NAME:	mil	1:
15. WAS DECEASED EVER IN I (Yes, no, or unk.) (If Yes, g service)		AL SECURITY No.:	INFORMANT & ADD	RESS: Bar	ier (s	ister).
		18. MEDICAL	CERTIFICATION			INTERVAL BETWEEN
1.0	ONS DIRECTLY LEADING	TO DEATH:	1			ONSET AND DEATH
Immediate cause	(a) 100	conary	, ocelm	· mose		2
immediate cause	DUE TO	10 6	1	ck.	- 1	Enformation :
Antecedent cause(s		erked !	usanlar	Desa	as	Mes VI
Diseases or conditions, i						كرر
stating underlying cau						
	CONDITIONS CONTRIBUTE					
	T NOT RELATED TO TH					
DISEASE OR CONDITION	ON CAUSING DEATH					20 AUTOPSV2
DISEASE OR CONDITION						20. AUTOPSY? Yes □ No □
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DISEASE OR CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WERLINGRY OF CONTRIBUTION CAUSE OF DEATH. 21d. TIME (Month) (Day) OF OPERATION 22. I hereby certify the find that death res	ON CAUSING DEATH. N: 19b. MAJOR FINDING VAS BUTING D 21b. PLACE (I OF str INJURY (Year) (Haur) 21e. INJU Work work	OF OPERATION: Home, farm, factory, reet, office bldg., etc., RY OCCURRED at Not while at work remains described.	d above, held an Ant □, Suicide □,	utopsy [], Ins	spection [],	Yes No (State) (State) Inquiry , and nined cause
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DISEASE OR CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WERLINGRY OF CONTRIBUTION CAUSE OF DEATH. 21d. TIME (Month) (Day) OF OPERATION 22. I hereby certify the find that death res	ON CAUSING DEATH. N: 19b. MAJOR FINDING VAS BUTING D 21b. PLACE (I OF str INJURY (Year) (Haur) 21e. INJU Work work to the sulted from: Natural control of the sulted from the s	OF OPERATION: Home, farm, factory, reet, office bldg., etc., RY OCCURRED at Not while at work remains described.	d above, held an Ant , Suicide , OHIEF M DEPUTY M. D. MESISTAL	utopsy [], Ins Homicide [] BDICAL EXAM MEDICAL EXAM MEDICAL EXAM LOCATION (Cit) 6115 O'D	spection , , Undetern	Yes No (State) (State) Inquiry , and nined cause DATE SIGNED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

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NERS Reg. Dist. No. 35

COUNTY)7	2. USUAL RESIDENCE (HOME) OF DECEASED	
CITY (If outside exposate limits, write BURAL and LENGTH OF STAY	17.0 0277	more
OR give nearest town 7 Town (in this place)	OR CITY (If outside corporate limits, write RURAL and give	e nearest town)
HOSPITAL OR	TOWN GIVE I (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS (If Fural, give location)	
3. NAME OF (Firsty) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)		יביעו בי
6. SEX. 6. COLOR OR BACE 7. SINGLE, MARRIED. VIDOWED, DIVORCED.	VILL Chaq 1100 DO yrs.	year If under 24 hrs Days Hours Min.
10a. USDAL OCCUPATION (live kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME) es Fre derick	MIT THERE MAIDEN NAME OPEN h	21102
15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No. (Yes. no, or unknown) (Il yes, give war or dates of	17. INFORMANT AND ADDRESS	
service) 2/4-20-12/8	Umna Thede it Tarkle	on had
18. MEDICAL CE	RTIFICATION	1.
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) proveny	pellusion	5 Min
		* Date 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause		10 10 10 10 10 10 10 10 10 10 10 10 10 1
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
		Yes No T
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A	Autonou Ingrestion & Inquire I thousand of	funns the suidense
obtained by said Autopsy, Inspectian or Inquiry, find that said dece	eased died on the day stated above, and death in my	ninion resulted
from: natural causes , accident, suicide , homicide	undetermined .	opinion reducted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C. m. trance M.D.	V CI WHITH IM.	/13/5-5
REMOVAL (Specify)	RY OR GREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL RECISARAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRISE A
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PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

BUREAU V. S.

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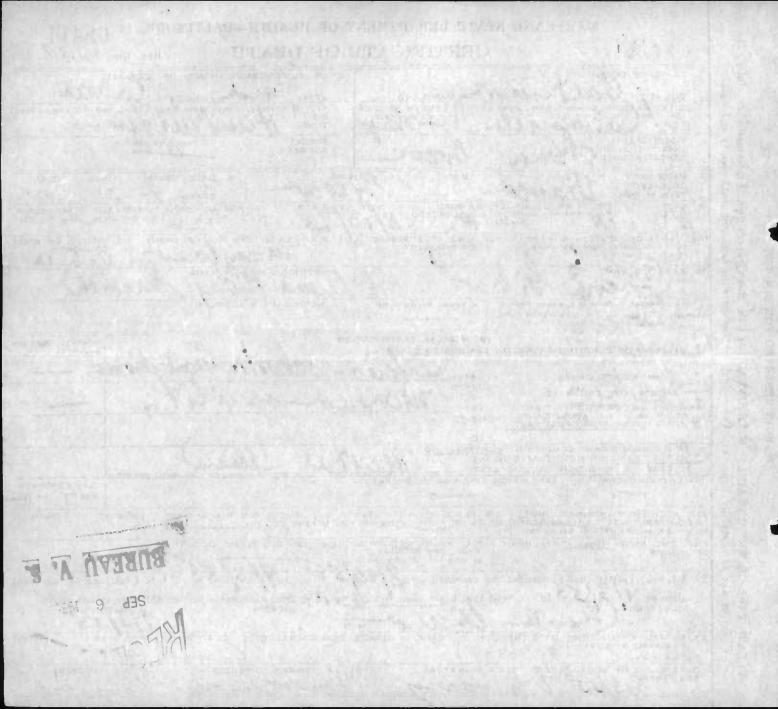
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. 30 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE COUNTY (If od side corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RUKAL and give nearest town) OR In this and give n NWOTS TOWN HOSPITAL OR STREET (If rural rive location) INSTITUTION OR ADDRESS /LSTREET ADDRESS 3. NAME OF (Day) DATE (Month) (Year) DECEASED OF 1953 (Type or Print) DEATH 6. COLOR OR 17. SINGLE. MARRIED 8. DATE OF 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS WIDOWED, DUORCED, Months Daya Hours | (Specify): vrs. USUAL OCCUPATION Give kind of KIND OF BUSINESS BIRTHPLACE 10B. (State or foreign country): 12. CITIZEN OF WHAT work done during most working life. OR INDUSTRY: OUNTRY? even if retired): 13. FATHER'S NAME 14 MOTHER'S MALDEN NAME: 15. WAS DECEASED EVEN IN U.S. ARMED FORCEST 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO or unk (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN schotic hat dies DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 1L20.0 IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: MAJOR FINDINGS OF 19B. OPERATION 20. AUTOPSYT YES: NO 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office-bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while OF INJURY While ___ at work at work 22. I hereby certify that I attended the deceased from , that I last saw the deceased and that death occurred at M, from the causes and on the date stated above. alive on SIGNATURE ADDRESS DATE SIGNED M. D 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, or county) (State) REMOVAL (SPECIFY) mo 3-55 Remove 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS

02-16

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REMOVAL (Specify)

REGISTRAR

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

COUNTY

(Day)

Days

(If rural give location

(Month)

Sept. 10

Months

U.S.A. Interval Between

(Year)

Hours

20. AUTOPSY ?

Yes NoP (COUNTY) (STATE)

Oak Lawn Cem.

Jent 10, 1955, that I last saw the deceased

L, from the causes and on the date stated above. DATE SIGNED 112/33

LOCATION (City, town, or county)

Baltimore, Md.

ADDRESS

Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.



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4	carefully legibly.	1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
	egi	COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
1/		CITY (If outside corporate limits, write RURAL (in this place) TOWN FORT HOWARD 5 HOURS 30 MI	CITY(If outside corporate limits, write RURAL at OR TOWN BALTIMORE	nd give nearest town)
V.	m of information death clearly and	HOSPITAL OR INSTITUTION OR 50 STREET ADDRESSVETERANS ADMINISTRATION HOSPIT	STREET (If rural give location)	T /
M	inf			Ony) (Year)
	of ath	DECEASED: (Type or Print) MELVIN D. G	UNTHER OF SEPTEMBE	
	ite	RACE: WIDOWED, DIVORCED.	9. AGE last birthday 17 UNDER 1 V Months D. Months D.	ays Hours Min.
5	causes	10A. USUAL OCCUPATION (Give kind of the ki	JAMESVILLE, VIRGINIA U.	CITIZEN OF WHAT COUNTRY?
TIG.	pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN		GEORGE GUNTHER	MAGGIE ROGERS	
~ H	. "	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
FOR	INK se w	(Yes, regression of service) WW-II 213 10 7561	CLIN.REC.VET.ADM.HOSP.,FT.HOWAR	D, MD.
		18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
VE	ADIN s: pl	J DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
ER	AI IS:	IMMEDIATE CAUSE (A) LEFT CEREB	RAL HEMORRHAGE	6 HOURS
RESERVED	UNF	ANTECEDENT CAUSE (S)		
MARGIN F	WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	ON (HISTORY)	UNKNOWN
RG	H	(C)		Residence of the second
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	AINLY	DISEASE OR CONDITION CAUSING DEATH		
	3	198. MAJOR FINDINGS OF OPERATION		YES NO
	VRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
	> 00	OF INJURY OF INJURY OF M. 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work 12	2:30 A.M. 6:00 A.M.	
	ge i	22. Rereby certify that X attended the deceased from Sept		Saw the deceased
10 - 53	SE TYPE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADDRESS DAT	E SIGNED
ī			ERY OR CREMATORY LOCATION (City, town, or	30/55 county) (State)
A15	LEASE	REMOVAL (SPECIFY) 10-3-17 RATTIMORE NA	ATIONAL CEMETERY BALTIMORE, N	
VS. A	PL	DA REC'D BY LOCAL REGISTRAR'S SIGNATURE	CHARLES ERAL PAWECT 802-04 Madison Baltimore, Mary	ANDRESS

S BOOKS OF MILE SHOULD BELOW S THE RESIDENCE OF SOL TARREST WILLIAM . MALIN DU FO ARTON - PER PROPERTY OF THE RESERVE AND AND ADDRESS OF THE PERSON OF THE P THE OWNER WAS A PROPERTY OF THE PERSON OF TH VIX, ROTE ENAME, OC. - C.S. COMMIN OF THE STATE OF TH BALL BOUND OF A WALL TO LEGE

OAK HILL CEMETERY

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

SCHIMUNEK FUNERAL HOME

BALTIMORE, MARYLAND

MADISON STREET, BALTIMORE, MD.

ADDRESS

A15

BURIAL

REGISTRAR

DATE REC'D BY LOCAL

type I - the property of the p CHARLE OF STREET AND THE STREET OF STREET ST. ST. CO. DO. OF 2167 Co. C. Paris Harris Co. CALLOS TOWN THE THE PROPERTY OF THE PROPERTY O 1 65 Signer of the street of the section . STATE OF THE REAL PROPERTY OF THE PARTY OF T . Neur CONTRACTOR OF THE PROPERTY OF CONTRACTOR OF THE PROPERTY OF THE STREET, OF LAKE

CHARLES R. LAW MORTUARY, 802-04 MADISON AVE

BALTIMORE, MARYLAND

REGISTRAR

THE RESERVE OF THE PROPERTY OF THE PARTY OF The Allen For the Line word of the Person of the PARTIES AND THE PARTIES OF THE PARTIES AND THE MARGIN RESERVED FOR BINDING

VS. A15-10-53

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICAT	E OF DEATH Reg. Dist	t. No. 3
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY BELLINOR MARYLAND	STATE Muryland COUNTY But	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	0.0	
X TOWN Mount Wilson 725.55-935	st TOWN Beldwine, Me	(. ×
HOSPITAL OR Mount Wilson State Her D.	STREET (If rural give location)	
Of STREET ADDRESS Ult. Wilson, Md.	ADDRESS FORK Rd.	
3. NAME OF (First) (Middle) DECEASED:		Day) (Year)
(Type or Print) / Musa fulla	THE DEATH: 9	3 1955
RACE: WIDOWED DIVORCED	E OF BIRTH: 9. AGE last birthday 17 UNOER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12. MC. Kuspert Pa.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edward Krisinsky	Julia Pottersnak	
15. WAS DECEASED EVER IN U.S. ARMEO FORGEST 16. BOCIAL SECURITY No.	17. INFORMANT & ADDRESS: Mt. W1	lson State
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records, Hospita	1. Mt. Wils
18. MEDICAL CERTIFICA		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
002X Inter solver	ceed pulmonary fulesce	K. I
IMMEDIATE CAUSE (A)	con francis ser francis	
ANTECEDENT CALISE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	storny ught	
STATING LINDER VING CALLSE LAST	6-11-61	
(3) Cercbrol	hemontage (3)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	2 pulmonale	
194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	ON /	20. AUTOPSY?
At 1949		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from Z. 2	5 . 1955. to 9. 5 . 1955 that I last	saw the deceased
	t 6 AM, from the causes and on the date	
alive on, 19.33, and that death occurred a	ADDRESS DA	stated above. TE SIGNED
		3.53
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or	
PREMOVAL (SPECIFY) CON A 7-50 HAD LICE	tools Happyeting	new terse
THUMAN SECTION THROUGH	TONE THAYSTONG	Jen Jen

a series and a series of 14 7537 Mary was at 1 he 33 313 Meine mena Mikuspar Pa, USA person for CHESCH RESIDER YHER PEFTERSNER N. 55 6 8 75 35 1) The oblique cost pretinency producerum of we considering in addit " The clase here ording - (1) Cle presentende 1 No. 1 1 4 4 9 45 35 1.5

PET WILLIAM

NEERU V. S.

SEE L 1822

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

08418

eg. Dist. No.

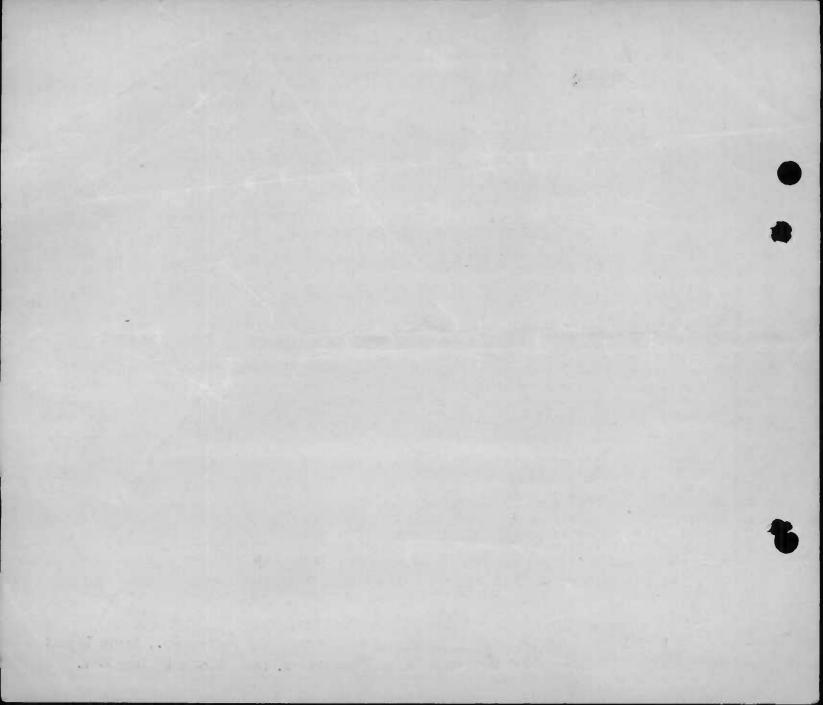
Ogoo destriction	Reg. Dist. N	0
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	W 0 1-7
19a / 1 MONE MARYLAND	1114 MM 19 NC	104110
CITY (If outside corporate limits, write RURAL and LENGTH OF STA OR give nearest town) (in this place)	OR A	ive nearest town)
TOWN WOOTH 22 1 12 Mg		53
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50/ Main STree 7	STREET (If rural, give location) ADDRESS 50/ Main STree	T /
3, NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 6 0 C/C (VWYN)	HUNNIS DEATH Jeplemb	PA 13 1900
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, DIVORCED, Specify One Rive (Specify)	Months	1 year If under 24 hr Days Hours Min
done during most of working life, even if retired) 10b. Kind of Business of done during most of working life, even if retired 10c. He R	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Harpis	mary Sears	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	9
100 leervice) 242-16-3934	Maggie HARRIS 50/ N	14/1057
18. MEDICAL	CERTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) 19 roncho - P.	Neumonia	2 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	. S	
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed of office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from S.R.F.R.A.	1000 1000 1000 10 8 0 plan 12 10 000 11 11 11 11	
	030	
alive on	ADDRESS ADDRESS	tated above. DATE SIGNED
Meliam C. Stade, M. D. 140 Que	KAVENUS, Dyndalk 22 TA	14 9/13/55
23. BURIAL CREMATION DATE THEREOF NAME OF CEMER PRINCIPLE OF CEMER PRI	The state of the s	h Carolina
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 14-55	24. FUNERAL DIRECTOR Charles R. Law 802-04 Madison	ADDRESS

VS. A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

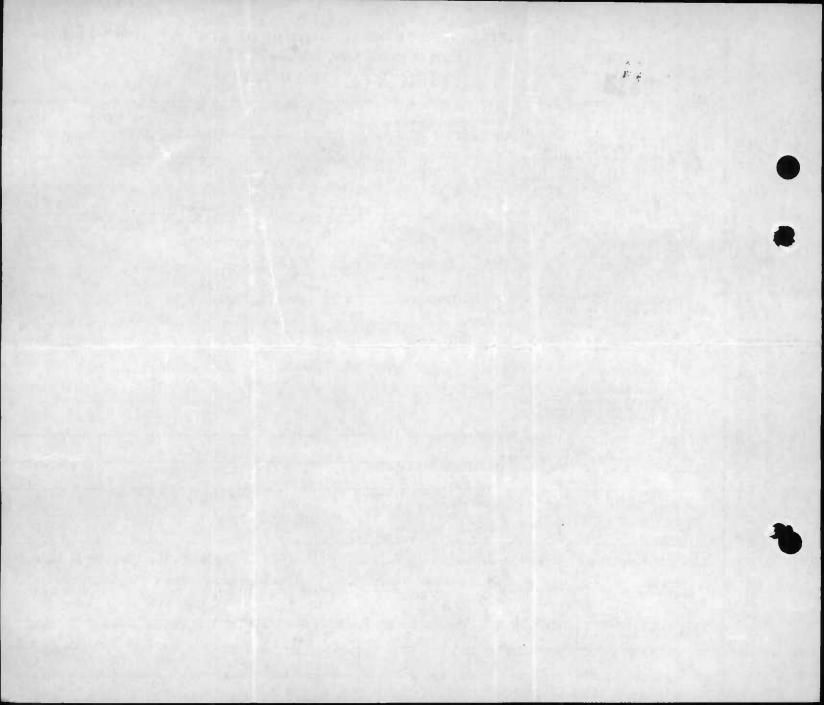
2411 N. Charles Street, Baltimore

841	.3	CERTIFICAT	E OF DI	EAT	H	Reg. Dist	. No	
1. PLACE OF DEAT	H•		2. USUAL RESIL	DENCE (H	OME) OF DE	CEASED.		
COUNTY	altimore	MARYLAND	Maryla	nd		COU	NTYBalt	imore
CITY (If outside c	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outsi	ide corpora	te limits, write	RURAL an	d give nearest	town)
52 TOWN give nearest	tonsville	2 (in 1 this place)	II OR -	ochea				×
HOSPITAL OR	TTood Margar		STREET		(If rural,	give locatio	n)	1
90 INSTITUTION OF		ndson Avenue	ADDRESS 6	502 I	iberty	Road		/
3. NAME OF	(First)	(Middle)	(Last)		4. DATE	(Month)	(Day)	(Year)
(Type or Print)	EMMA	HAS	SSON		OF DEATH	Sept.	711955	19
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIL	RTH	9. AGE last hir	thday If un	nder I year If	under 24 hm
Female	White	(Specify) WIGOWED	July 9 1	874	81	yrs. Mor	ths Days H	Iours Min.
10a. USUAL OCCUP	ATION (Give kind of work vorking life, evon if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or	foreign country	7)		OF WHAT
HOLLS	ewife	At Home	Balto.	Co	Marylan	nd	COUNTRY	
13. FATHER'S NAM	Œ		14. MOTHER'S		-			
Joh	n Kane		Kathe		Ray			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates	17 16. SOCIAL SECURITY NO.	17. INFORMANT	AND	ADDRESS			
(1ex, do. or diknown)	service)	None	Grayson	Hasso	n 6502	Liber	rty Ros	ıd
1		18. MEDICAL CE	RTIFICATION					
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	1					AL BETWEEN AND DEATE
331 XImmediat	e cause (a)	Cerilal &	lenor	The	2 ()	mull	234	AND DEATH
Diseases or giving rise to	nt cause(s) conditions, if any, o the above cause anderlying cause last (c)	Secreta	n - 0	20	Cyn	701000000000000000000000000000000000000		One of the second secon
Conditions contribu	CANT CONDITIONS uting to the death but not use or condition causing deat	ih.						
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION					20. AU	TOPSY?
0							Yes [No []
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(C)	ITY OR T	OWN)	(COUN		PATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJ	URY OCC	UR?			
22. I hereby cert	ify that I attended th	e deceased from Myn	1, 19. T., to	Sept		that I la	st saw the	deceased
alive on	19 J., an	d that death occurred at(Degree or title)	ADDRESS	rom the	causes and o	n the dat	e stated abo	ove.
St	Whiley	M			son Ave		Sept	.11/55
23. BURIAL, CREM REMOVAL (Spec	eify)	NAME OF CEMETE	yn Cemete	/ /	ocation (City			(State) Md.
	LOCAL REGISTRAR'S	SIGNATURE	24 FUNERAL I	DIRECTOI CULOTE	xul 45:		ADDE	
		Pur						

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 38 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE

(Last)

HECK

8. DATE OF BIRTII:

Baltimore COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)
TOWN Dannel Townson Rural: Towson HOSPITAL OR Eudowood Sanatorium INSTITUTION OR STREET ADDRESS Towson 4. Maryland

CITY (If outside corporate limits, write RURAL and give nearest town Sudword San Lowson 4 lud TOWN STREET

(Day) (Year)

COUNTRY?

Interval Between

Onset And Death

20. AUTOPSY ?

Yes No P

(STATE)

ADDRESS 4. DATE (Month)

9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS.

12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country):

14. MOTHER'S MAIDEN NAME Wolfangle

15 WAS DECEASED EVER IN U.S. AMMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Personal History

lung T Be arrested

(CITY OR TOWN)

Eudowood Sanatorium - Towson 4.

HOW DID INJURY OCCUR?

(COUNTY)

from the causes and on the date stated above.

LOCATION (City, town, or county)

Maryland

Hospital Records, Eudowood Sanatorium

10b. KIND OF BUSINESS OR

Not While

, and that death occurred at 8.30 4.

At Work

NAME OF CEMETERY OR CREMATORY

PLACE (Home, farm, factory, street,

office bldg., etc.)

INJURY OCCURED

While at

Work [

(Degree or title)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Ingranded Farley Che Myocarchete

(b) ..

DUE TO

INJURY

19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION

(Middle)

MAL

INDUSTRY:

work done during most of working life, 13. FATHER'S NAME

even if retired):

(Yes, po, or unk.) (If Yes, give war or dates of

Diseases or conditions, if any,

giving rise to the above cause

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

stating the underlying cause last.

(Specify)

(Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from

Immediate cause Antecedent causes (s)

21. ACCIDENT

INJURY

SUICIDE

HOMICIDE

TIME (Month)

DATE REC'D BY

service)

10a. USUAL OCCUPATION. Give kind of

WIDOWED, DIVORCED. (Specify):

ANNA 6. COLOR OR SINGLE, MARRIED. RACE:

(First)

PLACE OF DEATH:

legibly.

clearly information

death

causes

of

item

Supply

write

UNFADING Physicians:

PLAINLY

WRITE

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especially

MARGIN

3. NAME OF

5. SEX:

DECEASED:

(Type or Print)

carefully.

USIV 3361 38 955 V UABRUQ

with 24 FAS Martell C Known

Reg. Dist.

EVANISHD'S CEDMINICAME OF DEAMY

MEDICAL EXAMINER S CER	IIIICALE OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Ballimore MARYLAND	STATE Md. COUNTY Baltin	nore
CITY (If outside corporate limits, write RURAL OR and give pearest town) TOWN Relsterstown LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Pikesville, Md.	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Screet	STREET (If rural, give location) ADDRESS 12 Brightside Ave.	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Arther F. Hein	(Last) 4. DATE (Month) (Day of DEATH Sept, 26	(Year) 19 55
M. RACE: W. WIDOWEDM DIVORCED NOV.	9. AGE last birthday: Funder I y AGE last birthday: Months Ds	ys Hours Min.
work done during most of work life, even if retired): Proprietor of Service Sta	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George F. Heintzman	14. MOTHER'S MAIDEN NAME: Mary M. King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war, or dates of service) 218-32-3385	17. INFORMANT & ADDRESS: Katherine Flo Heintzman, Pike	sville,Md.
18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
420.1	Occlusion	15 min
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	me.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
more more.		Yes 🗌 No 🔀
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office hide, etc. CAUSE OF DEATH.		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY NOT DONE Work [If ON eat work]	none	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection X	, Inquiry , and
find that death resulted from: Natural causes , Accid	dent [], Suicide [], Homicide [], Undeter	mined cause []
SIGNATURE D. D. Caples, M.D.	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM	9-30-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or ed	unty) (State)
	National Baltimore Mar	yland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 9-30-55	John T. Stansbury, Woodlawn	ADDRESS
1-20-22 6 oru 12. Cline,		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

9 100

DECENTED

Items 18&19b Film G187 10-6-55 ams

BALTIMORE

CITY (If outside corporate limits, write RURAL)

1. PLACE OF DEATH:

COUNTY

(Day)

(Year)

INTERVAL BETWEEN

ONSET AND DEATH

TERMINAL

Unknown

Ilnknown

Unknown

(County)

20. AUTOPSY?

HO

(State)

(State)

TOWN STREET (If rural give location) ADDRESS 58 W. HOFFMAN STREET

> OF 19 55 DEATH: SEPTEMBER 9. AGE last birthday IF UNDER I YEAR Months Days Hours | Min.

11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? ROCK HILL, S. CAROLINA U. S.

DATE (Month)

MARIAH HENDERSON

17. INFORMANT & ADDRESS:

CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD.

Arteriosclerosis, generalized

Malnutrition

Asymtomatic neurosyphilis

CERTIFICATE OF DEATH

MARYLAND

LENGTH OF STAY

Pib Biopsy - Periosteal Sarcoma

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DIE OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)

21E INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

OF INJURY Not while at work at work

21D. TIME (Month) (Day) (Year) (Hour)

SIGNATURE DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service P. VAH. FORT HOWARD MARYLAND 9-26-5 9-26-55 23. BURIAL, CREMATION,

REMOVAL (SPECIFY) BALTIMORE NATIONAL BURIAL DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND

CHARLES R. PLANTFUNERAL HOME **ADDRESS** 802-01 MADISON AVENUE, BALTIMORE 1. MD.

(City or town)

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carefully.

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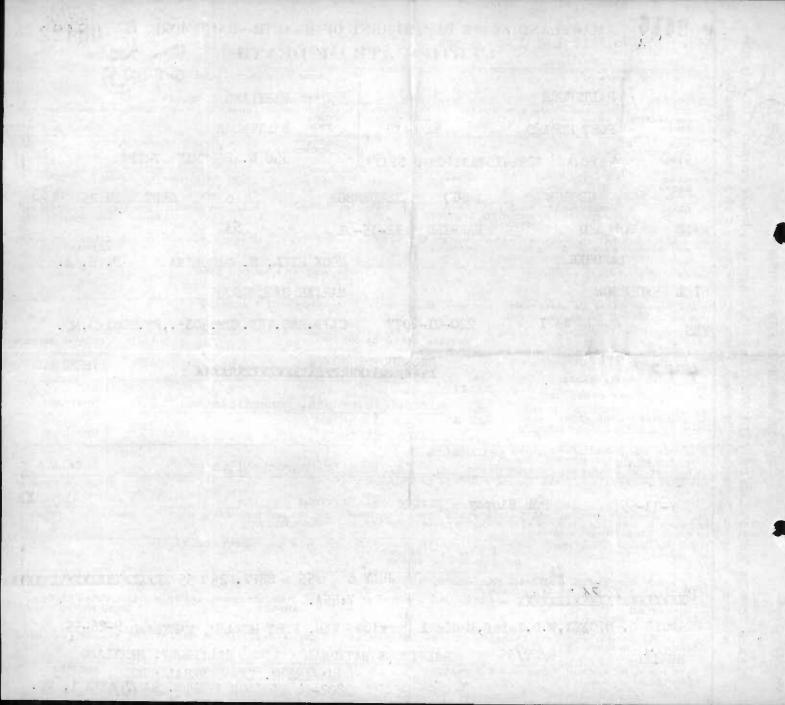
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REGISTRAR

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VS. A15-10-53

e e	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	08423
=	CERTIFICATE OF DEATH Reg. Dist.	No. 32
ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED):
Supply every item of information carefully te the causes of death clearly and legibly.	COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest jown) TOWN Mt. Wilson Md. 53 days STATE Mary and county City CITY (If outside corporate limits, write RURAL) OR TOWN Baltimore 24	1 3 Vo 1- 4 nd give nearest town)
forma early	HOSPITAL OR INSTITUTION OR WILSON, StateHosp. STREET ADDRESS P.O. Box 5111, Highland	town /
m of informadeath clearly		Ony) (Year)
y item s of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify): Self. 10.18 98 57 yrs. Months D	ays Hours Min.
y every causes	even if retired: Carpenter Christian burg Va	CITIZEN OF WHAT
the	14. MOTHER'S MAIDELYNAME:	
1 pmg		n St. Hosp.
Se Z	213-57-9/34 Hospital Records, Mt. Wilso	
plea	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
UNFADING INK. sicians: please wr	1002X IMMEDIATE CAUSE (A) Tuberculous Phenmonia	2 days
0.4	DISEASES OR CONDITIONS, IF ANY. (B) Tuberculosis of Lung	1 years
per per	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
od c	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
-		YES NO NO
WRITE PL especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21C. WHERE DID (City or town) (Count OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	y) (State)
5	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? While Not while at work at work	
G e	22. I hereby certify that I attended the deceased from July 281955, to Sept 19 19 5 that I last	
FYP		tated above. E SIGNED
ASE TYPE correct ag	23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	county) (State)
PLEA	Burial 1/22/30 Moreland Mean Park Ba	
D.	REGISTRAR / 1057	Below Pd

BUREAU V. R.

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BECEINED

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tens 18 MARYLAND STATE DEPARTMENT OF MEDICAL EXAMINER'S CER		
MEDICAL EXAMINER S CER	CIPICALE OF DEATH No. 70	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	75
COUNTY Salto MARYLAND	STATE MA COUNTY Balto,	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and give nearest to	own)
TOWN Middle Kirls	TOWN Middle Mives	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 50 Everlanting Ri	1.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) CONRAD	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 9 - (7 - 195)	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED 4 -	10-1874 8 / Months Days Hours	4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even in retired):	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Conrad Herion	7	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:)
18. MEDIC	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BET ONSET AND I	
Immediate cause (a) Mutilating i		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPS	Y?
	Yes □ N	10.00
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc. CAUSE OF DEATH.	c., Bengies RR Crossing Balto.Co. Md.	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury 9/7/55 M. work at work	21f. HOW DID INJURY OCCUR?	ack
22. I hereby certify that I took charge of the remains descri		
	ident [], Suicide [], Homicide [], Undetermined caus	
SIGNATURE Sault Men	M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	J.
REMOVAL (Specify): 9/18/55 Jours	ORY OR CREMATORY LOCATION (City, town, or county) (Start Balta, M	d.
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE Court Nurley	John J. Cornelly Esset	me
		-



2411 N. Charles Street, Baltimore

8419 CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED-STATE COUNT COUNTY BALTIMORE MD. MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY OR give nearest town UTHERVILLE (in this place) TOWN EDGEMERE TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS COLLEGE MANOR HOME HERZINGER ROAD (Middle) 4. DATE 3. NAME OF (Last) (First) (Month) (Day) (Year) DECEASED OF SEPT. HENRY HERZINGER 30,1955 (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 100WET 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. 5. SEX Months | Days Hours | Min. male white 10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen it retired) 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OF 12. CITIEBN OF WHAT INDUSTRY COSATT BALTIMORE MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZA HAEFNER JACOB HERZINGER 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of G.A DAMM 4307 HARFORD 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT Yes [No It PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 1955, to Sept 30 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... alive on Sand 28 (Degree or title) ADDRESS SIGNATURE DATE SIGNED OCT 3,5 LOCATION (City, town, or county) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVALI (Specify) RIDGE REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS REG. SONS

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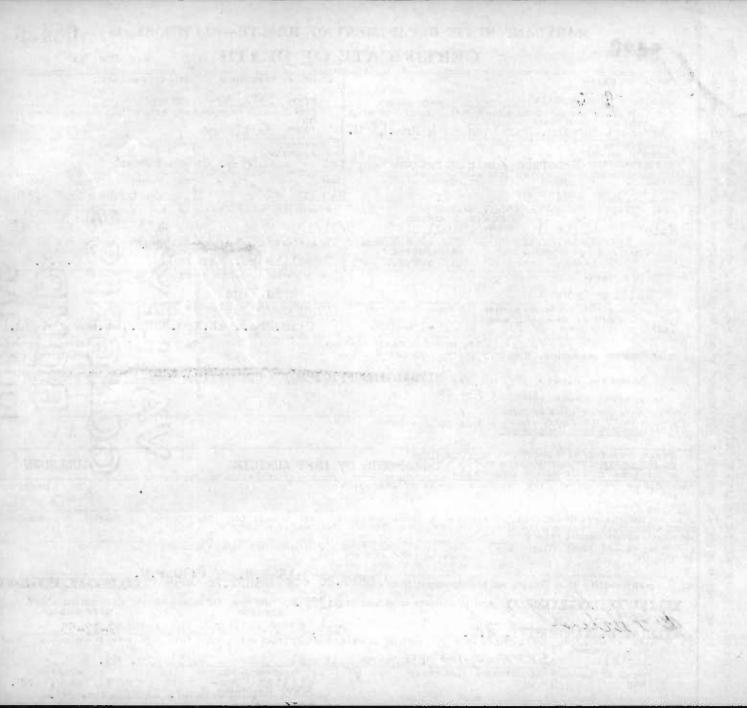
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PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8420 CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) Y TOWN Fort Howard, Maryland 4 Hrs.45 M.	TOWN Baltimore 370/4
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Veterans Administration Hospi	
DECEASED.	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MAURIUE J.	HERZOG DEATH: September 20 1955
Male White WIDOWED, DIVORCED, (Specify): Single 9	9. AGE last birthday 1 UNDER 1 YEAR 1 UNDER 24 HRS. 121/12 43 yrs.
OA. USUAL OCCUPATION (Give kind of North done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): Cook Restaurant	Baltimore, Maryland U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Herzog	Ella Finn
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes no, or unk.) (If Yes, give war or dates 216-16-7806	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.
ANTECEDENT CAUSE (A) MITRAL INSUFDUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	FICIENCY (RHEUMATIC) UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	and the second s
TO THE DEATH BUT NOT RELATED TO THE THROMBOSIS OF DISEASE OR CONDITION CAUSING DEATH.	F LEFT AURICLE UNKNOWN
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. 70.01011
2	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing 21B PLACE (Home, farm, factor Contributing 21B PLACE (Home, farm, factor Contribution 21B PLACE (Home, farm) 21B PLACE (Ho	, etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	
22. I hereby certify that Whattended the deceased from SEP.	T.26, 1955, to SEPT.26, 1957, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
A The State of the Post of the State of the	TAH, FORT HOWARD, MARYLAND 9-27-55
23. B RIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial SEPT, 30, 1955 Baltimore N	National Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	William Cook-Blight Funeral Home, Inc. 6009 Harford Road, Baltimore, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8421

CERTIFICATE OF DEATH

Reg. Dist. No. 4/

0 2 3 2		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	· (A) 44
MARYLAND MARYLAND	STATE Mary Cany COUNTY	I tallo 22 m
OR givo nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (II outside corporate limits, write RURAL and giv	e nearest town)
OR givo nearest town) (in this place)	TOWN Gray manes	. X
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	. 0 1.1
STREET ADDRESS	ADDRESS 105 German Hill Ro	Allti22
3. NAME OF (First) (Middle)	(Last) () 4. DATE (Month)	(Day) (Year)
(Type or Print) (Seatting Dolones (A	Follow DEATH Seplembe	.200 10 ET
5. SEX 6. COLOR OR RACE 7. SINGLE, MARGIED.	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hrs.
WINDOWED, DIVORCED, (Specify)	Ichmany 15th 1930 25 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on		CITIZEN OF WHAT
done during mest of working life, even if retired) INDUSTRY	Daltin	Countrat?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	00/01
Molinn tockson, Halland Sz	Glorasia Willaton	/
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	3
(Yes, no, or unknown) (If yes, give war or dates of 2.12-28-0260	Livilla dan Hallan 1054	Commen Hill
18. MEDICAL CE	RTIFICATION	- month start
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN
		ONSET AND DEATH
Immediate cause (a)	Julesculoses	OMEANS.
Antecedent cause(s) Diseases or conditions, if any, (b)		1 (1-
giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
1000		
21, ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(COUNTY)	Yes No No (STATE)
SUICIDE OF office bldg., etc.)		/ (51412)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID/INJURY OCCUR?	
INJURY While at Not Willo Work At work	\ X /	
7	1000	-
22. I hereby certify that I attended the deceased from	1,519 tolfflowlw, 195 S, that I last sa	w the deceased
S IN , + M	(4. 6)	
alive ou	ADDRESS	ated above. DATE SIGNED
biditatom (b) 1 m s	m = d het as	A STATE
1.11 homes 1110 1071	1. Man & Mally of	710100
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count,	y) (State)
7010110	an COLFATE MU	
DATE REC'D BY LOCAL RECUTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 6-1935 Villiam M. Kelly	ULURICH FUNERAG HOME 2/12	PUNDALK

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

BUREAU V. S.

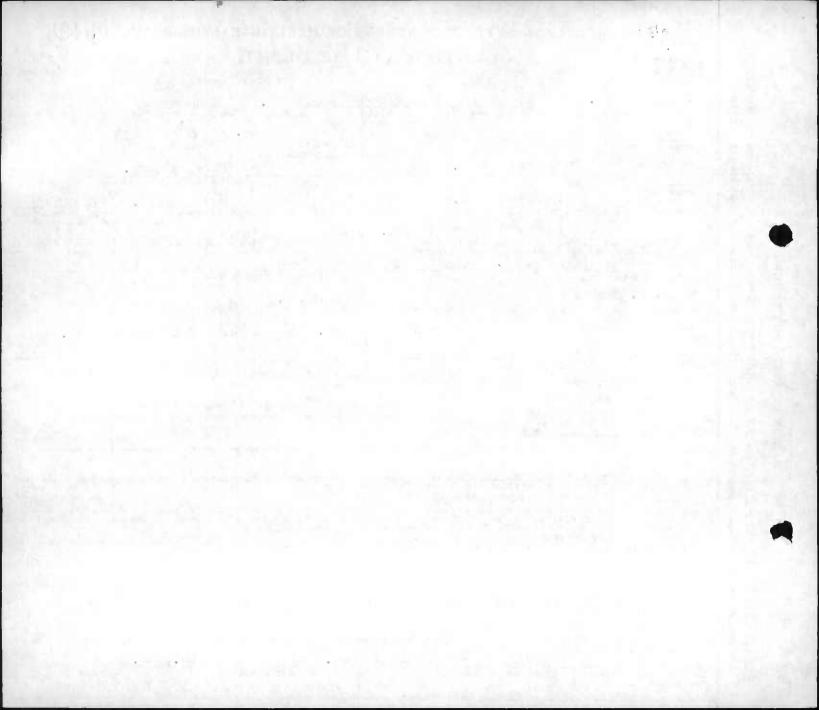
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MARGIN RESERVED FOR BINDING

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9422 CEI	RTIFICATI	E OF DEAT	NH R	Reg. Dist. N	lo
I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
COUNTY Balto.	MARYLAND	STATE Md.	COUNTY		
CITY (If outside corporate limits, write RURAL OR and give nearest town) Y TOWN Parkville	LENGTH OF STAY (in this place)	OR TOWN Bal	corporate limits, write		give nearest town 3 VOI-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9008 Harford Ro	1.	STREET ADDRESS	(If rural given 18 Harview		/
DECEASED: DITTE GROUP		(Last) KER	4. DATE (Mon	th) (Day	(Year)
5. SEX: 6. COLOR OR 7. SINGLE. MARE WIDOWED, DIV (Specify): maj	ORCED.		. AGE last birthday 1	Months Days	
work done during most of working life, OR	of Business Industry: thodist Churc	n Maryland	State or foreign count	(ry): 12. Cl	TIZEN OF WHA
Benj. F. Hooker		Sarah E. G			
(Yes, no, or unk.) (If Yes, give war or dates of service)	none		ADDRESS:	Harviou	Ave
18. ME	DICAL CERTIFICAT		JONET - ZCIO		NTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING (A)	Car our	a of the Pr	estate	0	2 ms
ANTECEDENT CAUSE (8)	0	. 4 + 1	1. 0		
DISEASES OR CONDITIONS, IF ANY, (B)	uith	metaclass 4	o pones + li	new	
STATING UNDERLYING CAUSE LAST.	0				
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE	IUTING				
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDS	NGC OF OPERATION				
august 1953 Carcina		istate		}	YES NO W
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY street, office bldg.,	etc. INJURY OCCUP	(City or town)	(County)	(State)
OF INJURY M. While at wo	ork at work				
22. I hereby certify that I attended the dece alive on Just 17, 19, and that SIGNATURE	death occurred at	8,25A M, from th	e causes and on t		
6: fillessi	. м	D. 62174	arford Rd	Baltimo	20-14 hid.
23. BURIAL, CREMATION, DATE THEREOF Burial 9/30/55		ERY OR CREMATORY	Balto.		ounty) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGN		24. FUNERAN P	J. whener		w Balty



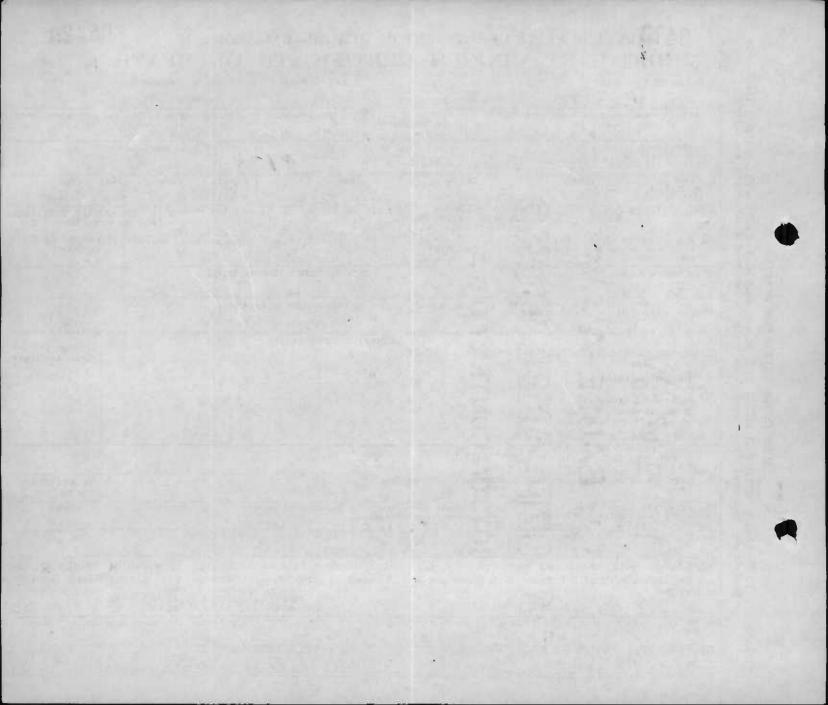
VS. A15A - 5 - 53

OF MARILAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	84	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE, 1	3
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08429.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BOLDS. MARYLAND	STATE My. COUNTY Balts	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR	give nearest town)
X TOWN Randallstown 12 yrs	TOWN Randallstown	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9134 Liberty Rd.	STREET ADDRESS 9 3 3 4 Liberty R	d. 1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ETHEL RIVERS	(Last) 4. DATE (Month) (Day) OF DEATH SERT 21	(Year)
	OF BIRTH: 9. AGE last birthday: IF UNDER I YE	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Work done during most of work life, even if retired): Work done during most of work life, even if retired is not life, even if retired is	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.10.01
Egenest Poyner	Sarah Knowles	
(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	()
service) no. Vonc.	Janus L. Hooper (bush	and]
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	al CERTIFICATION A Arterioscherette E-V.	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	Disease	
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	re	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc., CAUSE OF DEATH.	none.	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy [], Inspection [],	Inquiry , and
find that death resulted from: Natural causes , Accid	ient ☐, Suicide ☐, Homicide ☐, Undeterr	nined cause [].
D.D. Eaples	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	9-21-155
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):		(
BURIAL 9/24/55 WOODLAWN DATE REC'D BY LOCAL LREGISTRAR'S SIGNATURE	LEM. WOODLAWN,	ADDRESS
REG. 22 -53 Mal Sedice	Wm. J. TICKNERY SONS, BAL.	+0. 17, M.D.
i i i i i i i i i i i i i i i i i i i		



A15

SUREAU V. S.

2411 N. Charles Street, Baltimore

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	54.35	CERTIFICAT	E OF DEATH	Reg. Dist. No. 3
i. PLACE OF DEAT COUNTY Ba	ltimore	MARYLAND	2. USUAL RESIDENCE (HOME) OF STATE Maryland	DECEASED Balcimore
X OR give neares	corporate limits, write RUR t town) Rogers F	/2- 41-11	CITY (II outside corporate limits, wrong Raspeburg	×
HOSPITAL OR INSTITUTION O STREET ADDRE	ess 812 Keges	Lew leve. Balt.	ADDRESS 9538 Belai	ral, give location) r Road
3. NAME OF DECEASED (Type or Print)	WILHELMINA	(MINNIE) ANNA	HOUCK 4. DATE OF DEAT.	H Sept. 1 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W 1 0 0	Aug. 27, 1890 6	birthday Al under l year Il under 24 hrs. Months Days Hours Min.
housewife most of	PATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry at home	Baltimore, Mary	Community
13. FATHER'S NAM	George Pfaf	f	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED E	EVER IN U.S. ARMED FORCES (If yes, give war or dates service) — —	of 16. Social Security No.	Charles G. Houck,	1735 Edgewood Road
Diseases or giving rise	te cause (a)	Cluckin a de	a of Calsu	5 mo +.
Conditions contrib	TCANT CONDITIONS nutling to the death but not ase or condition causing deal	Hyperpiesis.	auksiosclerois	Quemia 2 yrs +
Mayab	TOTAL TOTAL	FINDINGS OF OPERATION THEY LIKE WITH	atrees - ins. Ca of	Color Coloton Van D No F
21. ACCIDENT SUICIDE HOMICIDE	7 - 0	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) / (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby cer	tify that I attended th	e deceased fromQue	1., 1953, to Aug. 31, 1953 ADDRESS Lucheullo	
23. BURIAL, CREM REMOVAL (Spe	MATION DATE THERE (19) 9/5/55		k Cemetery Balti	(City, town, or county) (State) more, Maryland
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR 1217	St. Paul Street

The correct age M PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

WITH UNFADING INK.

OR WRITE PLAINLY,

PLEASE TYPE

A15 VS.

8426 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33......

08432

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Bal	timore
CITY (If outside corporate limits, write RURAL) I FNGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) X TOWN Reisterstown (in this place) 35 yrs	TOWN Reisterstown	×
HOSPITAL OR	STREET (If rural give location	1)
INSTITUTION OR STREET ADDRESS Westminster Road	ADDRESS Westminster Road	l
01 11711112 01	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Bessie Marie Hunter	DEATH: Sept . 2	1955
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday Months	
Female White Specificarried Sept. 8	3,1905 50 yrs.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12	. CITIZEN OF WHAT COUNTRY?
even if retired): Housewife	Baltimore City	U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
L.Edward Myers	Bessie Edith Cook	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates None	J.Rollin Hunter, Reister	stown, Md.
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Daker	nome of st Breast	Nov. 1953
ANTECEDENT CAUSE (S)	A de la	rojare
DISEASES OR CONDITIONS, IF ANY, (B)	graph paneras	Tef-100
STATING UNDERLYING CAUSE LAST.	A word	/
(c) Open	e fear	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
		YES NO P
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Cou	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY While M. While at work at work		
22. I hereby certify that I attended the deceased from	-, 153, to 9-2/-, 125, that I las	st saw the deceased
	/	
alive on 1. 19 , and that death occurred at		TE SIGNED
January Lamen	Nes lieban Md	7-22-53
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, towy,	or county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) BURIAL SEPT. 23/55 Druid Rich		
DATE REC'D BY LOCAL RECYSTRAR'S SIGNATURE \ .	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 25 ST 11 CS 2	J.F.Eline & Sons, Reister	rstown, Md.

BUREAU V. S.

935: 42 das

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COUNTY

3. NAME OF

Male

DECEASED

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Physicians

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Baltimore COUNTY Talbot MARYLAND (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) TOWN Fort Howard TOWN Wittman STREET HOSPITAL OR (If rural give location) INSTITUTION OR ADDRESS OSTREET ADDRESSVeterans Administration Hospital (Middle) 4. DATE (Month) (Dav) (Year) HYNSON DEATH: September 30 JOSEPH (Type or Print) SINGLE, MARRIED BIRTH: COLOR OR 17. 8. DATE OF 9. AGE last birthday IF UNDER I YEAR RACE: WIDOWED, DIVORCED. (Specify) Married 89 IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT OR INDUSTRY: work done during most of working life, U.S.A. even if retired): Waterman Fishing Wittman, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Miller Joseph S. Hynson 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates Clin.Rec. Vet. Adm. Hosp. Ft. Howard, Md. of service) WW I 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH THROMBOSIS OF RIGHT VERTEBRAL AND RIGHT POSTERIOR CEREBRAL ARTERIES; INFARCTION OF MMEDIATE CAUSE XXXXXXXIGHT DIENCEPHALON, CEREBELLAR HEMISPHERES ANTECEDENT CAUSE (S) AND OCCIPITAL LOBES UNKNOWN DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)

INJURY OCCUR?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

21A. ACCIDENT WAS UNDERLYING

19A. DATE OF OPERATION: I 19B. MAJOR FINDINGS OF OPERATION

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.

AUTOPSY? NO

(State)

(County)

(IF EITHER, NOTIFY M	EDICAL EXAMIN	ER)		
210 TIME (Month) OF INJURY	(Day) (Year)	(Hour)	21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	VA	Μ.	at work L at work L	

21B. PLACE (Home, farm, factory,

and that death occurred at 7:15PM, from the causes and on the date stated above. SIGNATURE DATE SIGNED

WILLIAM B. VANDEGRIFT M. D. WAH. Fort Howard, Maryland NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF 23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Richards Cemetery Easton. Maryland Burial **ADDRESS** James B. Dashiello Funeral Home Easton, Maryland

Disal Phill countain Joseph L. Byneol. The second of th BUREAU V. S. - Bept. 21. 1135 in Sept. 30 1635 xxxxxxxxxx wallers, lore in the state of the

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B. VANDEGRIFT, M.D. VAH, Fort Howard. Md. M. D. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION. DATE THEREOF REMOVAL (SPECIFY) Baltimore Wational Cemetery Burial 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL SIGNATURE REGISTRAR. 70000

at work

ADDRESS

DATE SIGNED

NO

George Kelson Funeral Home 1348 N. CalhounSt., Baltimore 17, Md.

Baltimore, Md.

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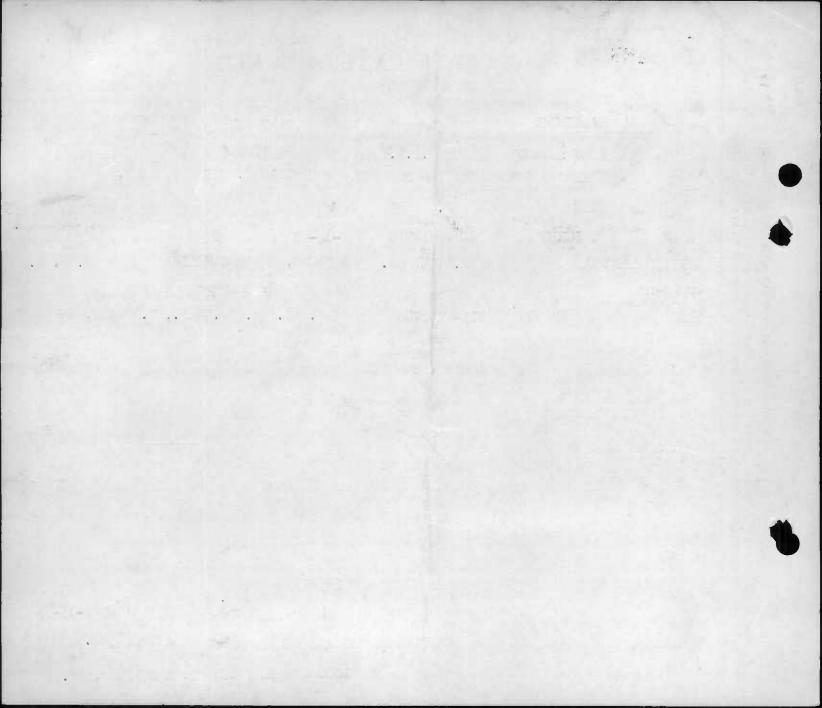
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
DALIIMURE MARYLAND	MARYLAND	
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town	
TOWN FORT HOWARD D.O.A.	TOWN BALTIMORE 3 0 /-	4
HOSPITAL OR STREET ADDRESSVETERANS ADMINISTRATION HOSPITAL STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL STREET ADMIN	STREET (If rural, give locetion) ADDRESS1118 N. MONROE STREET,	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) /	(Year)
DECEASED (Type or Print) OTIS J.	JONES DEATH SEPTEMBER 1/1	19 50
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday II under I year II und Months Days Hour	er 24 hrs
MALE COLORED WIDOWED DIVORCED, (Specify) SINGLE	2-14-07 148 ym.	
10e. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
done during most of working life, even if retired) BETH. STEEL CO.	ROXBORO, NORTH CAROLINA COUNTRY!	A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Augusta MN: Unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
YES, or unknown) (If yes, rive her protected of 213-09-0748	CLIN.REC.VET.ADM.HOSP.,FT.HOWARD, MARY	LAND
18. MEDICAL CER	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL E ONSET AND	
1190 V	RIT / MAN	_
490 × Immediate cause (a) LOBAR PNEUMONTA	- Right - lipper Middle + UNKNOW	N
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause atoting the underlying cause last (c)	obes	*******
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition country death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION) 20. AUTOI	PSY?
7	Yes W	No 🗆
21. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STAT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deconfrom: natural causes of accident of suicide of homicide of the pegree or title)	ased died on the dry stated above, and death in my opinion res	sulted GNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER		state)
BURTAT. BALTIMORE NA	TIONAL CEMETERY ba BALTIMORE MD.	0
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	EIROY WIISON FUNERAL HOME	3
	17000 DDANIET DE CEDITOR DARRIED	



NAME OF CEMETER

SIGNATURI

rural give location (Day) (Year) (Month) 19 5 9. AGE last birthday: IF UNOER I YEAR IP UNOER 24 HRS. Months Hours yrs. (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? 00 Interval Hetween Onset And Death 20. AUTOPSY ? Yes No M (COUNTY) (STATE) 4, 19,55, that I last saw the deceased from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county

Reg. Dist. No.

COUNTY

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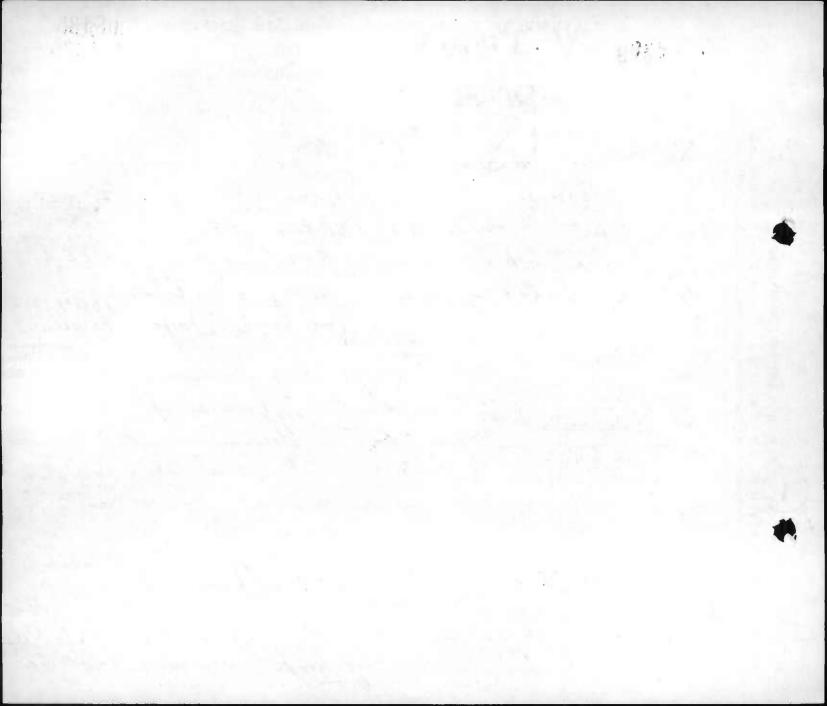
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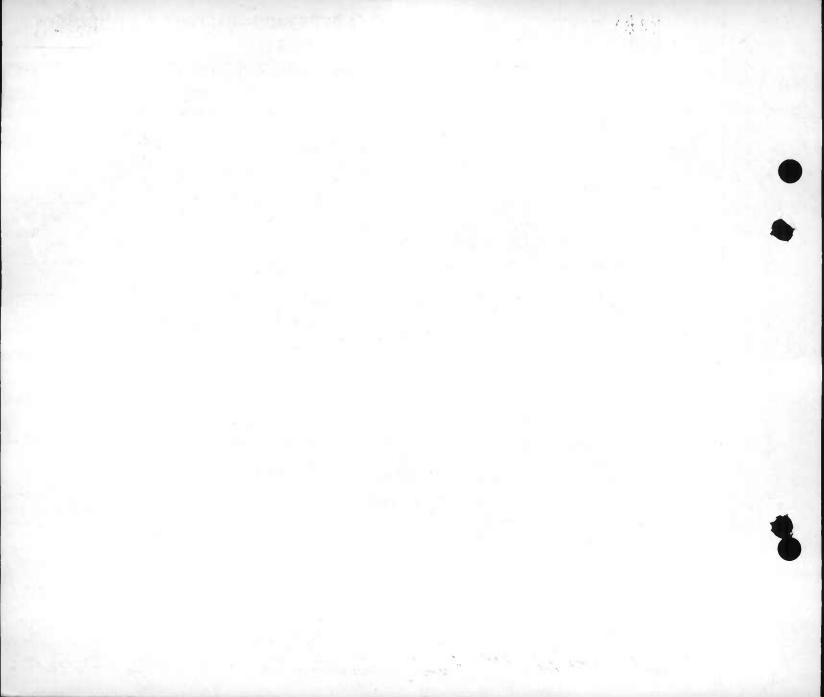
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DATE REC'D BY LOCAL





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MARYLANI	STATE	DEPARTMEN	T OF	HEALTH-	-BALT	IMORE,	18	
MINDICAL	TAX A DA	TATTADOS	CITAT	DIMITING	A PENTA	OTA	TATA	A FENTY

MEDICAL EXAMINER S CER	INICALE OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) STOWN Catonsville Catonsville Catonsville	CITY (If outside corporate limits write RURAL and OR TOWN Baltimore	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESSpring Grove State Hospital	STREET (If rural, give location)	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Rebecca K	(Last) 4. DATE (Month) (Day OF DEATH 9-1-) (Year) 19 55
Female RACE: WIDOWED, DIVORCED, (Specify): Married 1-1	9. AGE last birthday: IF UNDER I Y Months De	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unemployed 10b. KIND OF BUSINESS OF INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. Maryland	COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7
Unknown John HENSHAW	Unknown Margarel	•
(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Records Spring Grove State H	ospital
	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	estion and edema	ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, (b) Pulmonary throm giving rise to the above cause DUE TO	ıbosis	hours
stating underlying cause last (c) Arterioscleroti	lc cardiovascular disease	Years
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	of neck of left femur	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	60	Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY HOSPITAL	Catonsville Baltimore	(State) Maryland
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 8-10-55 1:30P M. Work I at work M	bn floor. Assumed she fell	•
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes [], Accident	lent 🕱 , Suicide 🗌 , Homicide 🔲 , Undeter	rmined cause 🗌
Signature Infieffer 1010 Leeds a	M. D. ASSISTANT MEDICAL EXAM.	9-2-55
23. BURIAL, CREMATION, TATE, THEREOF NAME OF CEMETER REMOVAL (Specify): 9/3/55 OOR	aun lem. Balto	ng
STATE REC'D BY LOCAL RECISTRAR'S SIGNATURE PROBLEM 3.1455	Semand Luck 130V H	ADDRESS

Supply every item of information carefully. The correct write the causes of death clearly and legibly. UNFADING INK. Physicians: please WRITE PLAINLY, WITH age is especially important. PLEASE

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	* 8432	CERTIFICATI	E OF DEATH	Reg. Dist	. No.
ly.	1. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASE	D:
legibly	COUNTY BALTIMOR CITY (If outside corporate limits, write	RURAL LENGTH OF STAY	STATE STATE CITYIII outside corpora	COUNTY BAL	
and	5200 and give nearest town) CATOMSVILE	(in this place)	TOWN by Bal	Timore	03x-1
clearly	HINSTITUTION OR SPRING	GROVE ST. Hay	STREET ADDRESS 161	Ha Aber	deen Rd.
death c	3. NAME OF (First) DECEASED: (Type or Print)	(Middle) Thich AFL	(Last) 4.	DATE (Month) (1) OF DEATH: 9 / 2	Day) (Year) 2 19 5 5
of	5. SEX: 6. COLOR OR 7. SINGL	E. MARRIED, 8. DATE		last birthday IF UNDER 1	19 00
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	OB. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State o	مدا	CITIZEN OF WHAT
he	13. FATHER'S NAME:		14. MOTHER'S MAIDEN	NAME:	
write the	LOUIS KIRSC				HERSTER
	(Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADD	record	5 .
please		18. MEDICAL CERTIFICAT	TON		INTERVAL BETWEEN
d	I DISEASES OR CONDITIONS DIRECTLY				ONSET AND DEATH
ns:	422, IMMEDIATE CAUSE	(A) Cardia	c failure c. cardio Vas		2 days
31018	ANTECEDENT CAUSE (S)	Arteria	c. Cardin Van	e breeze	
Fhysicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		10000	
nt.	II OTHER SIGNIFICANT CONDITIONS O	(C)			
important.	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	THE			
	19a. DATE OF OPERATION: 19B. MAJO	R FINDINGS OF OPERATION	Y		20. AUTOPSY? YES NO
pecially	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		etc. INJURY OCCUR?	City or town) (Count	ty) (State)
is est	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID INJURY	OCCUR?	
age	SIGNATURE /	nd that death occurred at	4. 15 A.M, from the cau	ses and on the date	stated above. re signed
correct	Stilla Wack 23. BURIAL, CREMATION, DATE THER REMOVAL (SPECIFY)	M	. D. JAMES TORY LO	OCATION (City, town, or	AU IS
	Bung 9-26.	VVT GREEN	MOUNT	Balto	Md.
	DATE REC'D BY LOCAL REGISTRAR	5 SIGNATURE	1 24 FUNERAL DURECT	CHC 7 A	ADDRESS

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Supply every item of information carefully. The MARGIN RESERVED FOR BINDING PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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A15-10-53 VS. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

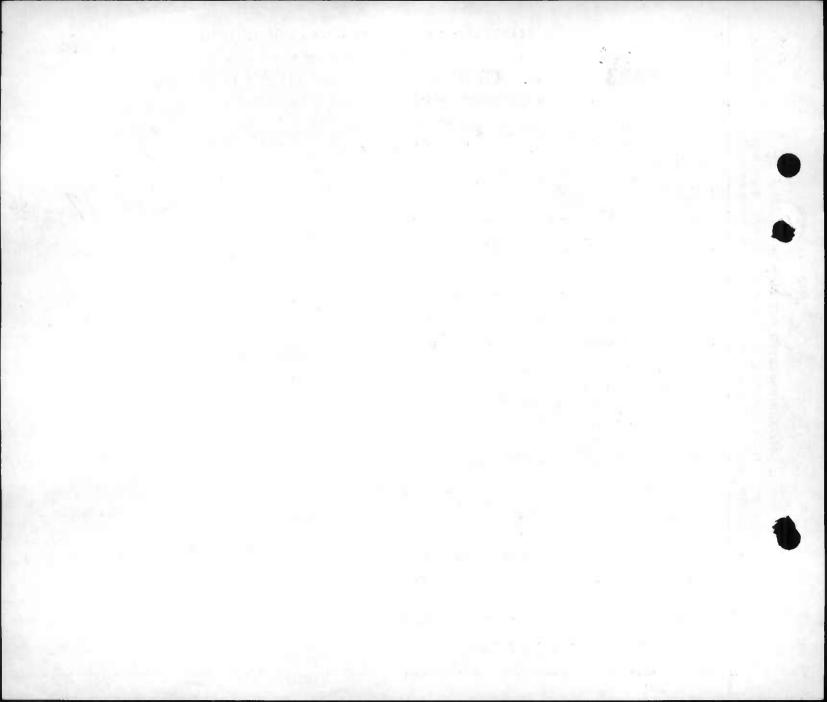
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN BOWLEY'S Quarter (in this place) HOSPITAL OR	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore STREET (If rural, give location)
ONSTITUTION OR 210 Bay Drive.	ADDRESS 2000 N. Payson St.
3. NAME OF (First) (Middle) DECEASED (Type or Print)	KLEIN 4. DATE (Month) (Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	Feb. 5.1897 9. AGE last birthday If under 1 year If under 24 hrs. Solution 1 year Munchs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Klein	Mary Hadewig.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	Mrs. John I. Stely 1919 E. Federal St.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 174 X Immediate cause (a) arely	ERTIFICATION Beltimore 13 Hd. INTERVAL BETWEEN ONSET AND DEATE 2 2000
Antecedent cause(s) Diseases or conditions, if any, (b) Alw Cerell giving rise to the above cause stating the underlying cause last	hal apoplexy
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19 J, to Sept 17, 19 , that I last saw the deceased
alive on Signature at 3, 19, and that death occurred at	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETE	Baltoner Location (City, town, or county) (State)
REMOVAL (Specify) Burial DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE/	Cemetery Baltimore Md.
TOG. 20 -55+ AW Hedrey	HENRY SANDER & SONS. INC.
	DEL BINDE PICE () Con () (CTI as al la .



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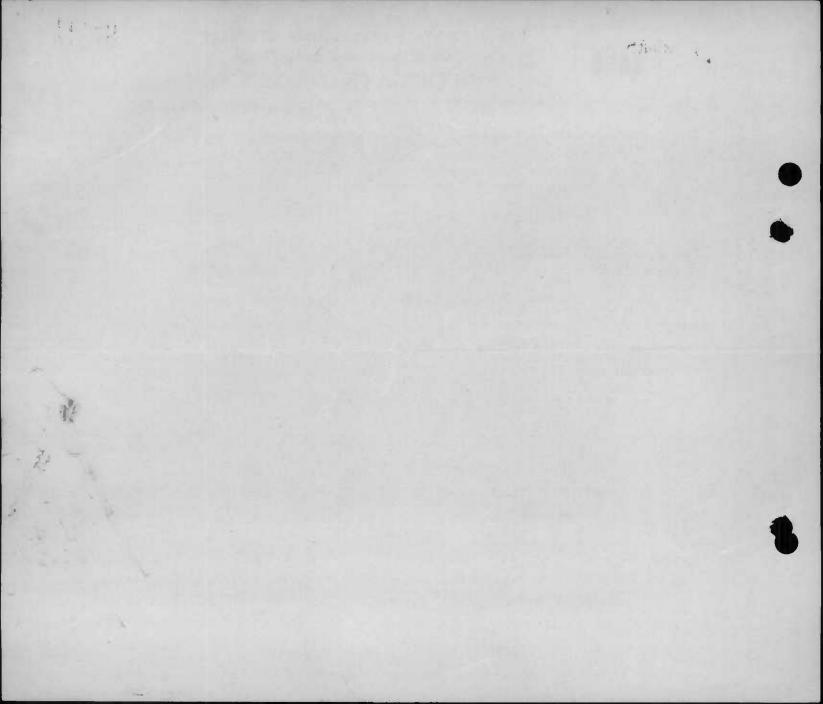
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08440

			DOI DUILL	Reg. Dist. No	4
I. PLACE OF DEATH COUNTY BALL	1. TIMORE	MARYLAND	2. USUAL RESIDENCE (P. STATE MARYCAN	COUNTY	BALTIMORE.
X TOWN give nearest	town) CHAWAY B	AL and LENGTH OF STAY (in this place)	II OR	A WAY BEACH	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	Box 386 Turk	ey Point Rd.	STREET ADDRESS BOX 386	(If rural, give location) Turkey Point Rd.	1
3. NAME OF DECEASED (Type or Print)	(First) FRENERICK.	(Middle)	(Last) KRAVS E	4. DATE (Month) OF DEATH SEMT	(Day) (Year)
5. SEX MALE	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED.	June 30,1878	9. AGE last birthday If under	
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business on Industry Balto Water Dept	Maryland	r foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
IF Was Danmann For	Krause ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	Mary Betzo	ADDRESS	
(1 sering of unknown)	(If yes, give war or dates service)	Of	Mrs. Irene Die	gert, 8110 Duvall	Ave, Balto
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
Immediate Anteceden	cause (=/	LEADING TO DEATH	OVASCULAR DISEA	45 E	ONSET AND DEATE 5 YEARS.
giving rise to stating the u	the above cause aderlying cause last (e)				The second secon
related to the diseas	ting to the death but not se or condition causing deat	h.	REC TVM		IL YEARS,
4		FINDINGS OF OPERATION	. 4		20. AUTOPSY?
21. ACCIDENT		CE Ware for AECT	: (CITY OR T	OWN) (COUNTY)	Yes No No
SUICIDE HOMICIDE		CE (Home, farm, factory, street, office bldg., etc.) JRY			(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
		e deceased from REC.			
alive on JUSIGNATURE	7HE 16, 1955, an	d that death occurred at			ated above. DATE SIGNED
Jones R.	Masan, 1	1.1.	/	M. Bold b, me.	9-17-55
23. BURIAL, CREMA REMOVAL (Speci BUTIAL	Sept 22.	1955 Zion Luthe	eran Cem.	Baltimore Co., Ma	
DATE REC'D BY I	OCAL REGISTRAR'S	SIGNATURE CLASSIC CLASSIC CONTRACTOR CONTRAC	24. FUNERAL DIRECTO	R 1 Home 4210 Belai	ADDRESS
		onne	<i>J</i> ,		



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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Supply every item of information carefully.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTI	MORE,	18	09475
		RTIFICATE					No. 36

1. PLACE OF DEATH:			2. USUAL RESID	DENCE (HOME) OF DECEASE	
COUNTY Baltimore MARYLAND		STATEMARY	land COUNTY Prince	ce George	
CITY (If outside corporate limits, write)	RURAL LENGT	H OF STAY	CITY(If outside	e corporate limits, write RURAL	
52 TOWN Catonsville	9yrli	mo20da	VS TOWN Che	verly	16-38-2
HOSPITAL OR INSTITUTION OR /# STREET ADDRESS Spring Gro			STREET	(If rural give location	
3. NAME OF (First)	(Middle)		(Last)	4. DATE (Month)	Day) (Year)
OECEASED: (Type or Print) Ada		Kro	a a	DEATH: Septem	ber 7 ₁₉ 55
5. sex: 6. COLOR OR 7. SINGLE WIDOW (Specify)	MARRIED, ED, DIVORCED, Single		OF BIRTH:	9. AGE last birthday IF UNDER 1	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of two work done during most of working life, even if retired) Unknown	OR INDUST			(State or foreign country): 12.	CITIZEN OF WHA
13. FATHER'S NAME:			14. MOTHER'S N	AAIDEN NAME:	
Henry Kropp			Vir	ginia Grseking	
(Yes, no, or unk.) (If Yes, give war or dates	16. SDCIAL SECU	JRITY ND.	17. INFORMANT	& ADDRESS:	
NO of service)	Unknown	44	Records S	bring Grove Sta	te Hospita
	18. MEDICAL				INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO D	EATH			ONSET AND DEATH
195X	(A) Pul	monary	and multi	ple metastases	BHAG TANK
	DUE TO		THE REPORT		
DISEASES OR CONDITIONS, IF ANY.	DUE TO	cinoma	of parath	yroid gland	
II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	THE EATH				
194. DATE OF OPERATION: 198. MAJOR	FINDINGS OF	OPERATION	Carcinoma	of parathyroid ings & invasion	of 20. AUTOPSY?
2-5-55 Tracheotomy	und with	mnathe	tic chani.	oronharvnx.larv	YES NO
2-5-55 Tracheotomy 618 21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	PORTESHON	office bldg.,	etc. INJURY OCCI	DID Reity by then Ve (Edda	किरहर्म महत्रभ
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		OCCURRED to while to work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the	he deceased fr	om 4-18	- , 19 46to	9-7-, 19.55that I las	t saw the decease
alive on 9-7-, 1955, an signature	d that death o		Springong	the causes and on the date Sove State Hosp 1e 28. Maryland	
BURIAL. CREMATION. DATE THERE	SS 3N	OF CEMETE	Combing	Location (City, town, o	r county)
DATE REC'D BY LOCAL REGISTRAR'	S SIGNATURE	, self	4. Hase	his dons Hya	to ha

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Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

8436 CERT	TIFICATI	G OF DEAT	Reg. Di	ist. No
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEAS	SED:
CITY (If outside corporate limits, write RURAL L. OR and give nearest town)	(in this place)	CITY(If outside	land county Bal	timore L and give nearest town)
Y THE STATE OF THE	months	TOWN Balt		X
HOSPITAL OR INSTITUTION ORS Pring Grove Sta	te Hospit	STREET ADDRESS 161	7 Dulittle Ros	
3. NAME OF (First) (Middle DECEASED: Mae H	Lars	(Last) en	4. DATE (Month) OF DEATHS eptem)	(Dhy) (Year) per 1, 19 55
Female 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVOR (Specify): Widow	CED	OF BIRTH: 19	9. AGE last birthday IF UNDER Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND (DE BUSINESS DUSTRY:		State or foreign country): 1:	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
John Larsen		Kathryn	Hyland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL	L SECURITY NO.	17. INFORMANT 8	ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) Unk	nown	Records Sp	ring Grove Sta	ate Hospital
	CAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH			ONSET AND DEATH
422.1 IMMEDIATE CAUSE (A)	erminal p	neumonia		1 week
DUE TO				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. A1 (B) A1	rterioscl	erotic card	iovascular dis	sease Years
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ING			
19A. DATE OF OPERATION: 19B. MAJOR FINDING	S OF OPERATION	N		20. AUTOPSY?
				YES NO NO
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factstreet, office bldg.,	etc. INJURY OCCUP		unty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJ OF INJURY M. at work	Not while at work	21F. HOW DID I	NJURY OCCUR?	
22. I hereby certify that I attended the decease	ed from 5-3-	, 19.55 to 9-	1- , 1955, that I la	ast saw the deceased
alive on 9-1-, 19 55, and that des	ath occurred at	9:30PM, from the	e causes and on the dat ve State Hosp le 28. Marylar	te stated above.
REMOVAL (SPECIFY)	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town,	or county) (State)
Burial 9/5/55	Cathedral		Baltimore,	
DATE REC'D BY LOCAL REGISTRAR'S SIGNAT REGISTRAR 3. 1955	URE	H.Mears	er Son 805h (al	west Street

MARGIN RESERVED FOR BINDING VS. A15-10-53

Strain Company of the NV COUNTY OF PROPERTY INDAMENCY (LOUR Mary and the lot the own or other ways.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18() 84

BUREAU V. S.

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STAFF PHYS.

M.D

Main

24B. DATE

MED. DIRECTOR

SILHATUR

23B. ADDRESS

FUNERAL DIRECTOR

24c. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED

ADDRESS

240. LOCATION (City, town, or county)

PLEASE

Jo

item

CERTIFICATE

23A. SIGNATURE

24A. BURIAL, GREMA-

DATE RECEIVED BY

ATTENDING PHYS.

8438	CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HO	OME) OF DECEASED
RALTI	105	11 . 1	1 2 11 -
COUNTY PARIA	OF U MARYLAND		COUNTY BALTIMONE
OR and give nearest town)	nits, write RURAL LENGTH OF STAY	Y CITY(If outside corporate li	imits, write RURAL and give nearest town
X TOWN JUST SUL	LLE 2405,	TOWN (Y) // FCO	ILLE
HOSPITAL OR	11 1 2 1	STREET (I	f rural give location)
MINSTITUTION OR 74/	HOWARD Rd	ADDRESS 741 H	toward Rd.
3. NAME OF (First)	(Middle)	(Last) 4. DA	ATE (Month) (Day) (Year)
(Type or Print) SARA	- h ELLEN &	of least of	EATH: SENT 26- 1955
5. SEX: 6. COLOR OR 7	. SINGLE. MARRIED. 8. DATE		birthday IF UNDER I YEAR IF UNDER 24 HRS
I must RACE!	(Specify): Widay 2 -	22 1621 0	Months Days Hours Min.
Tunal white		20/10/11	yrs.
	ind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or fo	reign country): 12. CITIZEN OF WHA
even if retired): House	045	missoure	M. C.A.
13 FATHER'S NAME:	1	14. MOTHER'S MAIDEN NA	ME:
John Shed	C	Magu Stel	
AUILA FITCI)	MIKMY STIEPA	ra
(Yes, no, or unk.) (If Yes, give yar		17. INFORMANT & ADDRES	
of service)	e nove	Mrs. LEhEW. 74	HOWARD Rd.
	18. MEDICAL CERTIFICA		INTERVAL BETWEE
I DISEASES OR CONDITIONS	DIRECTLY LEADING TO DEATH		ONSET AND DEATH
450.0		1. 1 1	
IMMEDIATE CAUSE	(A)	generalized arte	mosclesous 3 yrs.
ANTECEDENT CAUSE (8)	DUE TO	0	Q.
DISEASES OR CONDITIONS, IF			
GIVING RISE TO THE ABOVE C	AUSE DUE TO		
STATING UNDERLYING CAUSE	LAST.		
OTHER COMPLETE OF THE	(C)		
II OTHER SIGNIFICANT CONDI		+ 11 12 1.	
DISEASE OR CONDITION CA	SUSING DEATH. True	eture left hip	240
19A. DATE OF OPERATION: 198	. MAJOR FINDINGS OF OPERATIO	ON ON	20. AUTOPSY?
0		Andrew State of State	YES TO NO TA
A COURTE WAS INDEDING	ICT 210 PLACE (Home for for	4-1-4-1-4-1	
21A. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH OF INJURY street, office bldg.	etery. 21c. WHERE DID (City on, etc. INJURY OCCUR?	or town) (County) (State)
21D. TIME (Month) (Day) (Year)	(Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OF	CCUR?
OF "INJURY	M. While Not while at work		
		0	
			1955, that I last saw the decease
alive on 24540, 19	3., and that death occurred at	t 3-2.M, from the causes	and on the date stated above.
SIGNATURE	2	ADDRESS	DATE SIGNED
A	and It Rouse	M. D. Piklaville 8	26 SLA 33
23. BURIAL, CREMATION, DA			TION (City, town, gr/county) (State
REMOVAL (SPECIFY)	429.55 Highle	d Paw	nel-Ohkohuna -
Juny og	1 / w majnean		- 0
	GISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	LAR D' ADDRESS

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



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2411 N. Charles Street, Baltimore

CERTIFIC	CATE	OF DEAT	CH ,	Diet Na	45
Item 7, FilkG187 9-28-55 et	<u></u>	01 2211	n n	Reg. Dist. No.	••••••
1. PLACE OF DEATH Jalliment COUNTY 01/VE/2 /3 EACH. MARYLAN	9/0	USUAL RESIDENCE STATE BALT/	(HOME) OF DEC	EASED. COUNTY	140
CITY (If outside corporate limits, write RURAL and LENGTH OF OR give observet towo) OR (in this in the composition of the comp		CITY (If outside corp OR TOWN OL/	A same C/A Burn	ACK.	nearest town)
HOSPITAL OR INSTITUTION OR BOX70 GREEN PANK RD		STREET ADDRESS BOX 7	(If rural gi	ive location) NRRD	1
3. NAME OF (First) (Middle) DECEASED (Type or Print) MARGARET STRAIN	1	LEWIS	4. DATE OF DEATH	(Mooth)	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRI WIDOWED, DIVO (Specify) 141 do	RCED,	DATE OF BIRTH 3-29-1880	9. AGE last birt		1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Bush Annuary Food CHECKER.		YORK PA			CITIZEN OF WHAT
13. FATHER'S NAME	14.	WHEEL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo, or uoknown) (If yes, give war or dates of laervice) 16. Social Security (Yes, oo, or uoknown) 17. 3 - 10 - 21		INFORMANT IARBOTTE EX	NSTBERGE	ER BOX TO	GREEN BANK
18. MED	DICAL CERTIF				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	H				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) ArTerosc	lext,	c Hear	T Dise	ase	years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	***************************************	\ `	***************************************		***************************************
(e)					
11. OTHER SIGNIFICANT CONDITIONS Conditions cootthuting to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION				20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factor,	v street :	(CITY OF	TOWN	(COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	J, 24.000	(0111 01	10 (11)	(0001111)	(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRE While at Not WI INJURY m. Work At we	hile	OW DID INJURY O	CCUR?		
22. I hereby certify that I attended the deceased from	FB.	19.55, to SF/	T. 1, 19.55, t	that I last sa	w the deceased
alive on All 6-31, 1955, and that death occurr SIGNATURE (Degree or the	red at S. A.	DDRESS	e causes and on	the date sta	ted above.
Dovert y. Jyden M. V.	813	Esslern W	re. Wall	・イノカカ	8/31/65
REMOVAL (Specify) 19-5-1955 SACRE	PHEAR	1	BALTIMO,		0
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	21	aller Dal	OR 1001	A Dund	ADDRESS

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BUREAU V. S.

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4	je je		MARYLAND STATE DEPARTMENT OF HEALTH-H	BALTIMORE, 1	81)844(2)
d	F	(8441 CERTIFICATE OF DEATH	Reg. D	ist. No.
	ully	Ŋ.	1. PLACE OF DEATH: 2. USUAL RESIDENCE	(HOME) OF DECEA	SED:
1	ref	legibly.	COUNTY BALTIMORE MARYLAND STATE MARYLAN	D COUNTY	
M)	Ca	d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) CITY(If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR		L and give nearest town)
	tion	and	X TOWN FORT HOWARD 186 DAYS TOWN BALTIMOR		3401=4
1	every item of information carefully	clearly	HOSPITAL OR SINSTITUTION OR STREET ADDREST FERANS ADMINISTRATION HOSPITAL 1604 WES	of rural give locati	
1	f in	ch c	DECEASED: (Middle) (Last)	OF (Month)	(Day) (Year)
	0 11	death	(Type or Print) HUGH (NMI) LITCHFIELD 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AG	DEATH: SEPTEM	
	y ite	of	MALE WHITE (Specify): MARRIED 8-9-88 67	E last birthday Months	
NG		causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life.) OR IADUSTRY: EVEN THE PAINTER PAINTER BALTIMORE, MARY		2. CITIZEN OF WHAT COUNTRY? U. S. A.
BINDING	Supply	the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN	NAME:	
BIL	Su		GRAFTON LITCHFIELD MARY J. GALVIN	and the second second	
FOR	FOR INK.		(Yes, no, or unk.) (If Yes, give war or dates of service) WW I 218-03-3482 CLIN.REC.VET.AI		OWARD, MD.
			18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
RESERVED	FAD	ans:	IMMEDIATE CAUSE (A) MONOCYTIC LEUKEMIA, CHRONIC DUE TO		10 MO.
	UNF	sici	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)		
MARGIN	[mail	Physicians			
AR		ant.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
S	LY	ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	7	important.			20. AUTOPSY?
			21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	City or town) (Co	ounty) (State)
الريب	>	is esp	OF INSURY	Y OCCUR?	
	OR	9	22. I hereby certify that XI attended the deceased from MAR. 5 . 1955, to SEPT.	7. 1955. XEXXXX	*00000000000000000000000000000000000000
60 10	TYPE	t ag	ADVANANCE AND	uses and on the da	
- 10	SE T	orrect	WILLIAM B. VANDEGRIFT, M.D. M.D. VAH, FORT HOW	ARD, MARYLAND	9-7-55
A15-	PLEAS	0	REMOVAL (SPECIFY)	BALTIMORE, MAI	
VS.	PL		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE HARRY H. WITZKE	FUNERAL HOME	4101 Commeden
			Wolfing & Office	Olite Bro. BA	LTIMORE, MD. /72

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FUNERAL DIRECTOR

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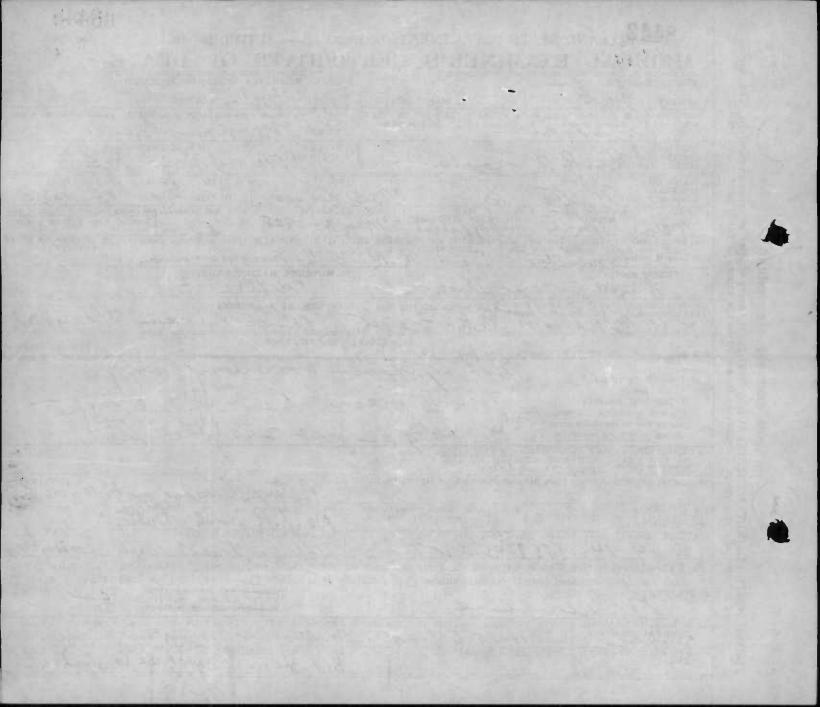
ADDRESS.

REMOVAL (Specify) :

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

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e)	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18)8449				
v. The	8443 CERTIFICATE	OF DEATH Reg. Dist.	No				
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):				
item of information carefully.	COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) 52Town Catonsville 5yrs.7days	STATEMARYLAND COUNTY Balti CITY(If outside corporate limits, write RURAL a OR TOWN Baltimore					
nformat clearly	HOSPITAL OR INSTITUTION OR JUSTREET ADDRESSpring Grove State Hospital	STREET (If rural give location)	1				
em of inf	3. NAME OF (First) (Middle) (La DECEASEO: (Type or Print) Annie R. Mair	ast) 4. DATE (Month) (I	Phy) (Year) P 1. 19 55				
pply every	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF WIDOWED, DIVORCED, 6-17-	F BIRTH: 9. AGE last birthday F UNDER 1 Y Months D	ays Hours Min.				
	work done during most of working life. even if retired): Housewife	England	citizen of what country? nknown				
	William Mairs ?	Mary ?					
INK. Su se write	(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: Records Spring Grove Stat	e Woonitel				
	18. MEDICAL CERTIFICATION		INTERVAL BETWEE				
ADING S: plea	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 794 X Dehydration	n	ONSET AND DEAT				
IF A	DUE TO	•					
MAKUN KESEKVED Y, WITH UNFADING tant. Physicians: plea	OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						
WIT.	(c) Senility						
MAK AINLY, W important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental I	llness					
3	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT				
VRITE PL.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.	y. 21c. WHERE DID (Clty or town) (Count INJURY OCCUR?	y) (State)				
> 10	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?					
OR ge is	22. I hereby certify that I attended the deceased from 8-25-	22. I hereby certify that I attended the deceased from 8-25, 1950 to 9-1, 195, that I last saw the decease					
TYPE rect a	SUNATURE	20PM, from the causes and on the date Springesprove State Hosp	FEIGNED9-1-5				
PLEASE	23. BORIAL, CREMATION, DATE THEREOF NAME OF CEMETERS Burial 9-2-1955 Loudon Par	Y OR CREMATORY LOCATION (City, wown, of	Md. (State				
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR 3207 W. No.	th Ave.,				

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2411 N. Charles Street, Baltimore

O###	CERTIFICAT	E OF DEAT	H	Reg. Dist. No)
1. PLACE OF DEATH. COUNTY BALLMORE	MARYLAND	2. USUAL RESIDENCE (STATE MARY		CEASED. COUNTY	Bolts
CITY (If outside corporate limits, write RUI OR give nearest town) E J J I X		CITY (If outside corpo OR TOWN ESSEX	rate limits, write		e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS / OD 912 F1	RREST NURSING H	STREET ADDRESS 512	ED9E W	give location)	7pts /
8. NAME OF DECEASED (Type or Print)	(Middle)	(Last) NANGUM	4. DATE OF DEATH	(Month) SEpt	(Day) (Year) 20 1955
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MRRAIF-0	8. DATE OF BIRTH	1 74	yrs.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during angut of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	MARY / AND		12	COUNTRY? UJA.
JOHN LONIFF		BRIDGET	CON Iff		
15. Was Deceased Ever In U.S. Armed Force (Yes, no or unknown) (II yes, give war or dates service)	of NIME	17. INFORMANT		2902 E/A	EDR VIEW AND
	18. MEDICAL CE	RTIFICATION	7	7	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	0 4			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary	Elsombolio	************************		1 03.
Antecedent cause(s) Diseases or conditions, if any, (b)	Deeraly	ed artisis	scleros	4/	Seveal
giving rise to the above cause stating the underlying cause last (c)	Deeraly	I is have	Au .		fra.
11. OTHER SIGNIFICANT CONDITIONS Cooditions cootributing to the death but not related to the disease or condition causing des	ith.				
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
SUICIDE	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR	TOWN)	(COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CUR?		
22. I hereby certify that I attended the alive on					
1991-114	15 MOUNT MARI	A	LOCATION (CIE	y, town, or count	RND
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	EIANJ 1	JON	ADDRESS

118 W. Mt. Royal ArE

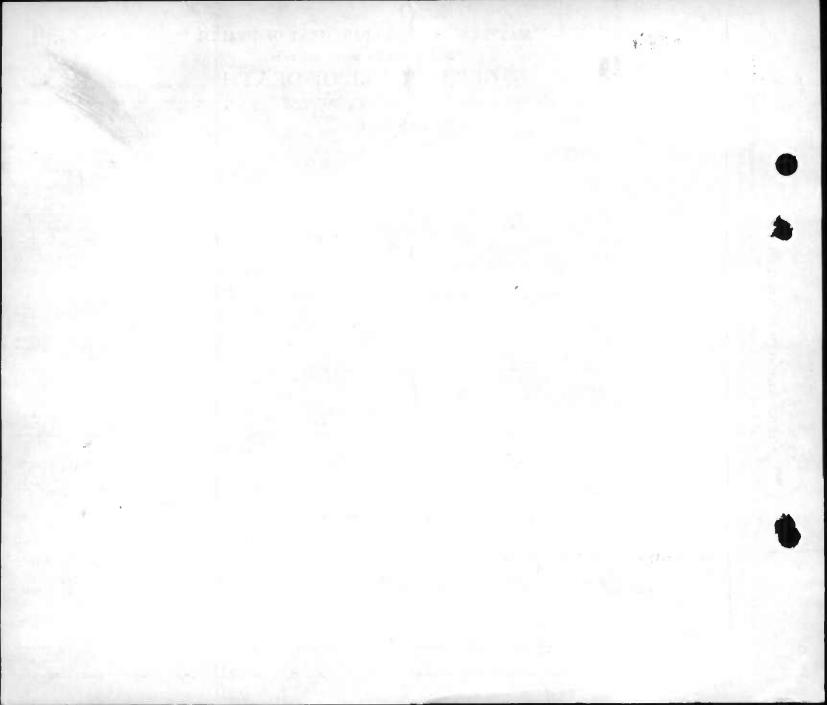
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15



of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item

MARGIN RESERVED FOR BINDING

A15 - 10 - 53

VS.

CERTIFICAT	E OF DEATH Reg. Dist. No. 3.4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATEMARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL LENGTH OF STA	Y CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	TOWN TOWSON 55
HOSPITAL OR INSTITUTION OR 208 E. JOPPA ROAD	ADDRESS 208 E. JOPPA ROAD
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ELJE ///. 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	E OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE (Specify) MARRIED FEB.	11, 1889 66 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired HOUSEWIFE OWN HOME	MARYLAND VSA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JOHN BAER	AURORA A. STUECKER
18. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. (Yes, no or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: 208E. JOPPA RP.
I NO of service ONE NONE	T. LYDE MASON, JR. TOWSON 4, MD.
18. MEDICAL CERTIFICA	ATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Brea	if malynamy 3 years
DUE TO	
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	20. AUTOPS11
Canur of.	oras YES NO
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bld; (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY M. While at work at work	
22. I hereby certify that I attended the deceased from	ul, 1953, to 9/1/9, 1955 that I last saw the deceased
9/2 /=-	at 447, M, from the causes and on the date stated above.
alive on, 1935, and that death occurred a	ADDRESS DATE SIGNED
Bunklin E. Fishe	M.D. 2924 Hr Charles 59 9/21/5+
	TERY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL (SPECIFY) SEPT. 22, 1955 PRUID	RIDGE OEM. PIKESVILLE, BALTO.CO., MP.
DATE REC'D BY LOCAL REGISTRARIS SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
SINT 2, 1955 mable C. Kroy	John Burne Some Lowson Med.

BUREAU V. S.

SEP 23 1955

BECEINED

The second of the second of the second

(Day)

Days

(Year)

194

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

NO

State

(State)

hra.

COUNTRY?

10

YES

DATE SIGNED

ADDRESS

(County)

(City, town, or county)

LOCATION

FUNERAL DIRECTOR

BURIAL, CREMATION,

REMOVAL (SPECIFY) DATE REC'D BY LOCAL DATE THEREOF

REGISTRAR'S

SIGNATURE

NAME OF CEMETERY OR CREMATORY

SECEINED

BUREAU V. S.

8447

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08453

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH. BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY
CITY (If outside corporate limits, write RURAL and Control of STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR Long Green P. Ke	STREET ADDRESS Long GREEN Pike
3. NAME OF DECEASED (Type or Print) WILLIAM (Middle)	1 LEAN A. DATE (Month) (Day) (Year) OF DEATH SEPT J9 1955
6. COLOR OR RACE 7. MARRIED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year of Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of workids life, every lightered) 10b. Kord of Business of Industry, 12 199 9	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CONTROL
WILLIAM B MCLEAN	Deborah CROPSEY
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of 2/6-05-6889) (service)	17. INFORMANT McLean - Long Green Pike
18. MEDICAL CENTER OF LEADING TO DEATH 15/ Ximmediate cause (a) A karalic Cauchy Control Cauchy Ca	Cache Lia + debiliblion INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	ary Ca of Stomach
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	Nove 20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) NJURY	(CITY OR TOWN). (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec	, 1955, to fly, 1955, that I last saw the deceased
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED AND SIGNED AND AND AND AND AND AND AND AND AND AN
23. BUTTLL, CREMATION DATE THEREOF NAME OF CEMETE!	lethodist Hyde Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. A CONTROL OF THE REGISTRAR'S SIGNATURE	Chas, F. Evans 45on 8802 April Rd

DECENTED

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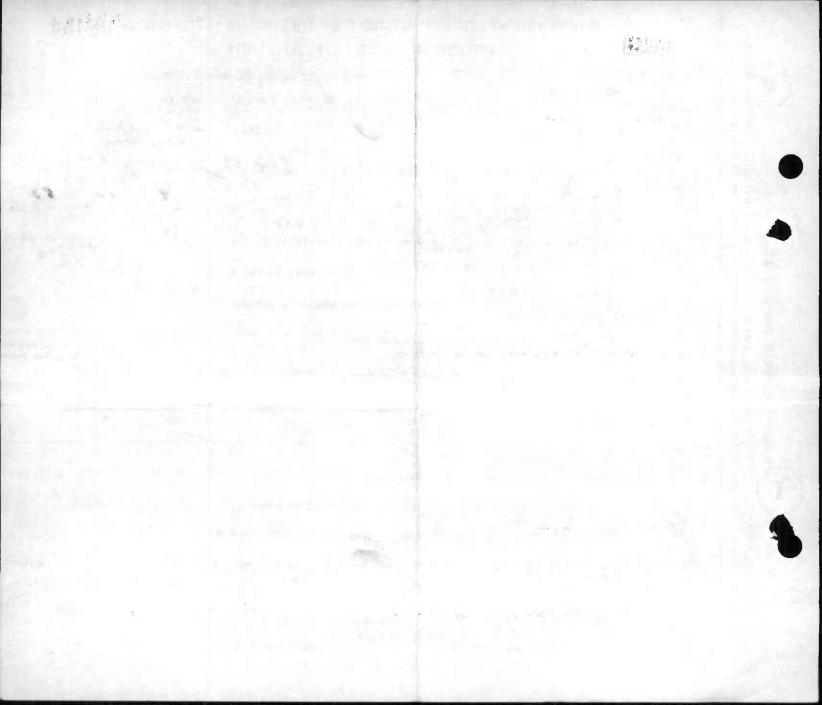
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08454

8448 CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE MayuLand COUNT	PV
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside concorate limits, write RURAL an	
OR and give nearest town) (in this place)	OR O	21/2/11
A Rural: Towson	10001.000.	3401-4
INSTITUTION OR Eudowood Sanatorium	STREET (If rural give location)	a V.
O/street address Towson 4, Maryland	712 M. Cohlinglo	nave
3. NAME OF DECEASED: (First) (Middle)	(Last) 4. DATE (Month) (Day)	AND ADDRESS OF THE PARTY OF THE
(Type or Print) TED & FLORENCE	TLAGOUS DEATH: 7	17-
DACE. WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday: If UNDER 1 YE	
(Specify): Married nou.	11 1918 3 6 yrs. Months Da.	ys Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
work done during most of working life, even if retired):	Visconia	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.0.7
Elinala Manuia	ELLA Knight.	
ELIZAN MIDINIS		
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of		
No service) 2/6-30-637/	EUDOWND RECERDS	
18. MEDICAL CERTIFICATION	ON	Interval lietween
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
002X D.1.	y Tuburalorio	1/24
Immediate cause (a)		
Antecedent causes (s)	,	1.00
Diseases or conditions, if any, (b)		****
glving rise to the above cause stating the underlying cause last. DUE TO		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S'	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At Work		
22. I hereby certify that I attended the deceased from 7.ch.7.	1055 + de ax 13 1055 that I last	naw the deceased
Sa at he	7 15 K 140	saw one deceased
alive on, 19./, and that death occurred at	8. IS H. M. from the causes and on the date s	stated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	dowood Sanatorium - Towson 4, Mar	yland (State)
BERMOVAL (Specify) 9/5/55 EVERGRES		1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR	JOHN F. DENNING. 1/5/6	GALT ST
4-14-221 (1. 41. Theornich W	ONTHE I - MENINY, (INC. 113 -E.	-1// -/-



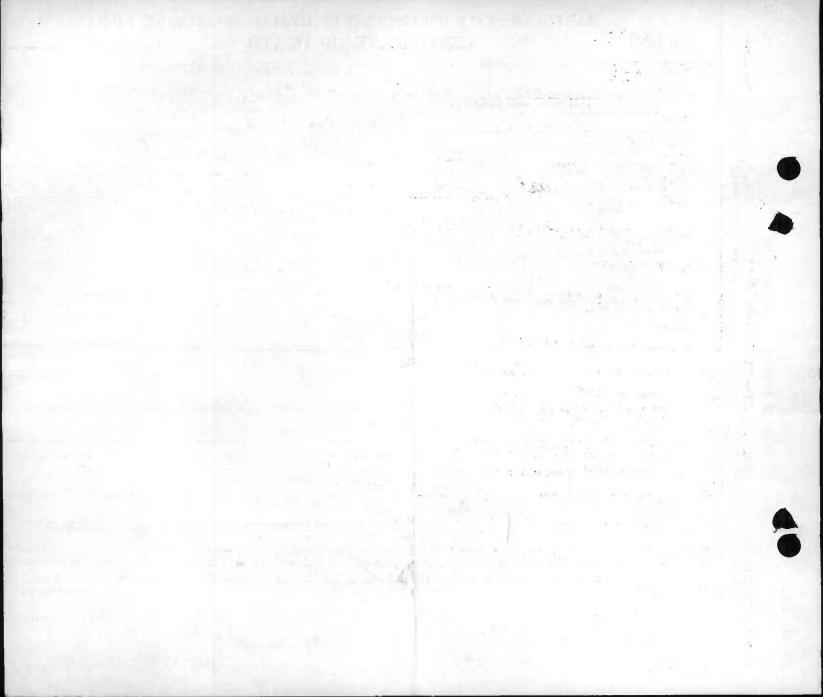
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1808455 CERTIFICATE OF DEATH Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY [Saltimole MARYLAND	STATE MG COUNTY Saltimore
OR and give near thought of stay (in this piace)	CITY (If outside corporate limits, write RURAL and give nearest town)
52 TOWN Calousville 7 mo	TOWN Catousville 52
HOSPITAL OR INSTITUTION OR RIDGE MANON HOME	STREET (If rural, give location) Poad!
S. NAME OF DECEASED: (Type or Print) Marquelle Kouse	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Self Z6 1955
6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) 1. Single Married. Feb.	of Birth: 9. AGE last birthday: If UNDER I YEAR IF UNDER 24 HI Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of working life. even if retired) to use wife at 1 to use	R II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILL COUNTRY?
Charles Korn	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service)	ederick W. Weiser 601 aldershot Pd
18. MEDICAL (CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chillippe ACC	ident 9 month
DUE TO	1 0 0
Antecedent cause(s)	as Kenal Wease send us
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	e of lour buck 2 month
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July alive on SIGNATURE (DEGREE OR TITLE)	1950, to 1955, that I last saw the deceased 7,450, from the causes and on the date stated above. E) ADDRESS DATE SIGNED

LOCATION (City, fown, or county) (State)

24. FUNERAL DIRECTOR

ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

The correct age

8450	CERTIFICAT	E OF DEATI	Reg.	Dist. No. + 0
1. PLACE OF DEATH- COUNTY Ba 140	CO MARYLAND	2. USUAL RESIDENCE (HOSTATE	Bai	COUNTY
CITY (If outside corporate limits, write RUI) OR Tipe hearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (Type or Print) 5. SEX 10a. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired for the company of the company of the company of the company of the corporate limits, write RUI 15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or date aprying)		CITY (If outside corporat OR TOWN	eyreas.	relle x
HOSPITAL OR OR STREET ADDRESS 8005.	tillendale Rd	STREET ADDRESS 9005	Hillen	dale Rd
3. NAME OF DECEASED (Type or Print) Hat Ves	(Middle)	(Last) 1 e / 1 0 + +	OF DEATH	onth) (Day) (Year) Rept >0 195
5. SEX 6. COLOR OR, RACK	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH - Dee 19-1882	. AGE iast hirthday 7 > yrs.	Montha Days Hours Min
10a. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired	MNDUSTRY,	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT
13. FATHER'S NAME Nathon	1211.04+	14. MOTHER'S MAIDEN	NAME 5 9 Q /	
15. WAS DECRASED EVER IN U.S. ARMED FORC (Yes, no, or unknown) (II yes, give war or date service)	ES? 16. SOCIAL SECURITY NO. 220 - 09 - 9343		address	5 Hillendole A
i. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CEI Y LEADING TO DEATH			INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a)	Commy	artery o	rechuse	
Antecedent cado (b)	anterio se	leroie	94494444444	**************************************
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de				
Conditions contributing to the death but not related to the disease or condition causing de 19s. DATE OF OPERATION 19b. MAJOR	eath.			20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR			OWNED (Yes No COUNTY) (STATE)
21. ACCIDENT (Specify) PI OH	JURY	(CITY OR T		COUNTY) (STATE)
related to the disease of condition cadesing of the disease of condition cadesing of the disease of condition cadesing of the condition cadesing cadesia c	While at Not While	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended	the deceased from 6/15	, 1953, to 9/2	, 19.25, that	I last saw the deceased
alive on 1955, SIGNATURE	(Degree or title)	ADDRESS ADDRESS	causes and on the	e date stated above. DATE SIGNED
23. BURIAL CREMATION DATE THER REMOVAL (Specify) 9/23	NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, tow	on, or county) (State)
DATE REC'D BY LOCAL REGISTRAR REG.	S SIGNATURE	Lasselm tu	wal Hon	ADDRESS 7401 Belain &

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65-23 Lock Raven Blad

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Supply every item of information carefully

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PLEASE TYPE OR WRITE PLAINLY, WITH

A15-10-53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg.	Dist.	No.	3	Carl.

J.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
and legibly	COUNTY BG TO MARYLAND	STATE Md. COUNTY		
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE ITU. COUNTY CITY(If outside corporate limits, write RURAL and give nearest town)		
nd	OR and give nearest town) (in this place)	I OR		
	Colors III	Town Baltimore 3V01-4		
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS		
clearly	14 STREET ADDRESS Spring Grove State Hosp	. 3212 Woodland Ave. ✓		
p c		(Last) 4. DATE (Month) (Day) (Year)		
death	DECEASED: (Type or Print) Edna Marie Meye	rs DEATH: Sept. 27, 1955		
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IFUNDER 1 YEAR 17 UNDER 24 HRS.		
of	RACE: WIDOWED, DINORCED, (Specify):	18-1885 7 yrs. Months Days Hours Min.		
causes	10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS	11. BIRTHPLAGE (State or foreign country): 12. CITIZEN OF WHAT		
an	work done during most of working life. OR INDUSTRY: even if retired): OUSEWITE	COUNTRY		
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
please write the	Georie Heck	Catherine Pinschmidt		
ite	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17.,INFORMANT & ADDRESS:		
WI	(Yes, no, or unk.) (If Yes, give war or dates	THE MAINT & ADDRESS:		
Se	no of service) none	1 Cerome Meyers-32/2Woodland		
lea	18. MEDICAL CERTIFICAT	A INTERVAL BETWEEN		
Д	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
52	IMMEDIATE CAUSE (A) CEREBR	0- ascillar Hecident		
Physicians	ANTECEDENT CAUSE (8'			
sic	DISEASES OR CONDITIONS, IF ANY. (B) HV perte	usive Lardio-lascular Depart		
2hy	STATING UNDERLYING CAUSE LAST. DUE TO	1		
	(c) Oeneral	12 ed Acteriner lavor		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	10 4 /11 - 1 OSC/ CVODES		
rt	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,			
upo	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION			
i.		20. AUTOPSY?		
lly				
especially	21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING 200 CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) (State)			
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?			
203	OF INJURY M. While at work at work			
	22. I hereby certify that I attended the deceased from 9-2	1927, to 9-27, 1955, that I last saw the deceased		
70 3				
	alive on 9 , 19 and that death occurred at	ADDRESS ADDRESS AND ADDRESS AND ADDRESS		
correct	14/1 Ba-1/1 (1 1 1 1 1 h	Va a that of an a 22 or		
COI	23. BURIAL, CREMATION, DATE THEREOF / NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)		
	REMOVAL (SPECIFY)			
19	Burial 9/30/55 Loudon Par			
	REGISTRAR O	24. FUNERAL DIRECTOR ADDRESS 17		

		PARTITION

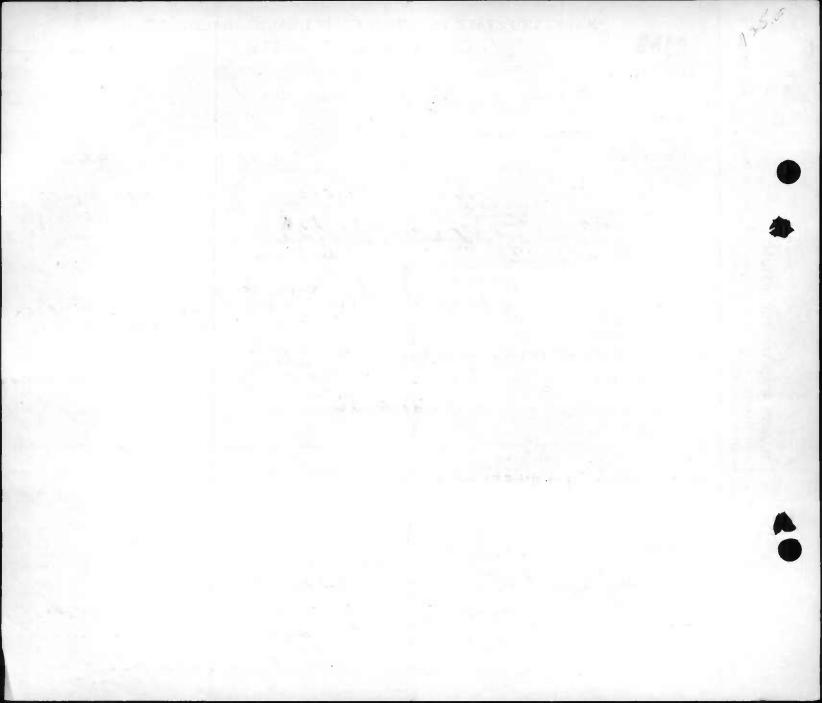
AND LONG TO STATE		
	Challe I and the substitution of the	

200	Diet	No	

correct	8452	CERTIFICATI	E OF DEAT	H Reg. Dis	st. No
	I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEASED:	
H.	COUNTY Ballimare	MARYLAND	STATE Md	COUNTY Bal	Timere
of information carefully. The death clearly and legibly.	CITY (If outside corporate limits, write RI OR and give nearest town)	URAL LENGTH OF STAY (in this place), all her left	CITY (If outside	corporate limits, write RURAL	54
on car y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give location 20 Eastern	DIAd 1
rmati	3. NAME OF (First) DECEASED: (Type or Print) Mary		(Last) 7EYERS	DEATH: Septenter	Day) (Year)
of info	Female White (Specify)	ED, DIVORCED, June		9. AGE iast blrthday: IF UNDE Months	Days Hours Min.
	work done during most of working life. even if retired): Houselfe	10b. KIND OF BUSINESS O INDUSTRY:	Baltime	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
e caus	13. FATHER'S NAME: Berno		Anna.	Mary Welses	
Supply every item write the causes of	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unk.) (If Yes, give war or dates of service)	6. Social Security No.: 17	INFORMANT & ADI	DRESS! Alfred 7 Eastern Brd.	". MEYERS. Baltozy
UNFADING INK. S Physicians: please w	I. DISEASES OR CONDITIONS DIRECTLY LE 420, Inimediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	Casanary o	cc lusion		INTERVAL BETWEEN ONSET AND DEATH
rH U	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing de	eath.			
, WITH	19a. DATE OF OPERATION: 19b. MAJOR FI	INDINGS OF OPERATION:			20. AUTOPSY?
NLY Ily in	SUICIDE OF INJUR	E (Home, farm, factory, street office bldg., etc.) Y	(CITY OR TO	WN) (COUNTY)	(STATE)
PLAINLY, specially im	TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at Not while work at work	HOW DID INJUR		
WRITE PLAINLY, WITH age is especially important.	22. I hereby certify that I attended the alive on Signature flowers of the Signature flowers of the state of the signature flowers of the signatur	that death occurred at (DEGREE OR TITL	430 A.m., fro E) ADDRESS 1825 Earles	om the causes and on the da	DATE SIGNED
PLEASE	23. BURIAL CREMATION DATE THEREOF REMOVAL (Specify): 9-7-19	S S Sacred Her	RY OR CREMATORY	LOCATION (City, town, or	County) (State) (State) ADDRESS
P	TEG. 6	Hodral	Walter Dates	nurshi 100/ A Dun	delk ave.

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

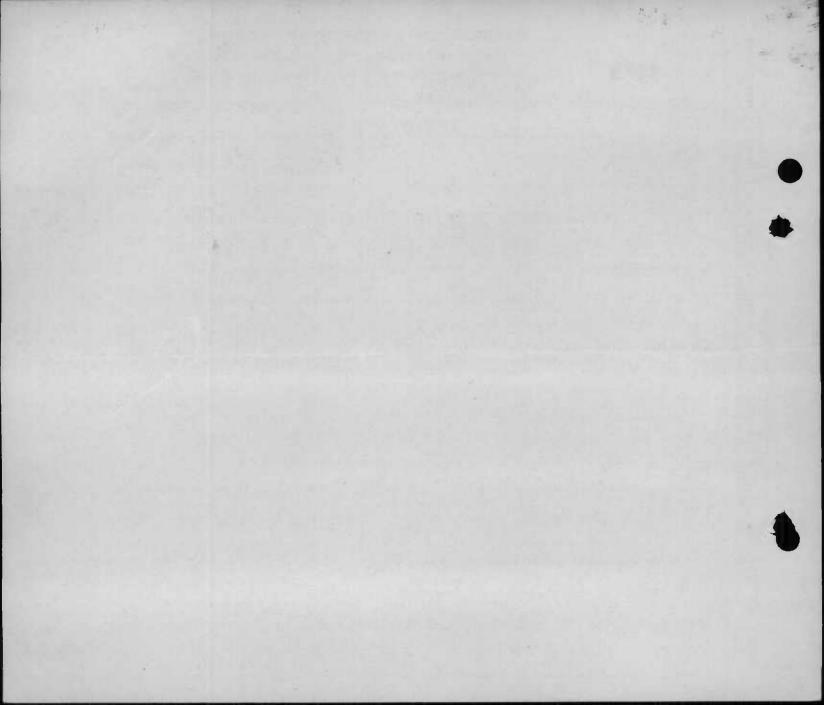
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CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECEAS			
COUNTY BALTIMORE	MARYLAND	STATE MARY LAH!	D.	COUNT	1976	MORFE.
OR give nearest town) TOWN CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN	AL and LENGTH OF STAY (in this place)	OR BRADS	te limits, write RUF		ve neares	t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	RV40.	STREET ADDRESS	(If rural, give			1
3. NAME OF (First) DECEASED (Type or Print) ARY	(Middle)	(Last) MOOM-	OF DEATH SE	dnnth)	(Day)	(Year) 19ර් ර
6. SEX FEMALE 6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	v i If under	I year	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	III. BIRTHPLACE (State III	foreign country)	1 13	2. CITIZE	EN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
GEVEGE WASHINGTON	ZIRKLER.	MINIERED.		CHES		
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war nr dates of pervice)	? 16. SOCIAL SECURITY NO.	TAS, GAREL,		RD	(DAV	CHTER)
	18. MEDICAL CE				1	
I. DISEASES OR CONDITIONS DIRECTLY					INTERV	VAL BETWEEN AND DEATH
170 X Immediate cause (a)	ARCINOMA OF	BREAST			50	months
Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last						·
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease ar canditian causing deat	b. NONE				1	
19a. DATE OF OPERATION 19b. MAJOR I					20. A	UTOPSY:
		EAST.			Yes	O No D
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, nffice bidg., etc.) JRY	(CITY OR T	OWN)	(COUNTY)	(8	STATE)
TIME (Month) (Day) (Year) (Hnur) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?			
22. I hereby certify that I attended the	e deceased from JAH.	, 1957, to SEPT.	15, 1955, tha	t I last s	aw the	deceased
alive on SEAT, 14, 19 ST, an SIGNATURE	d that death occurred at. (Degree or title)	ADDRESS from the	causes and on th	e date st	ated at	ove. E SIGNED
Jones R. Moron.	M.D. 801	1 1 1 may promise	10.	89/4.	15,1	755
23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify) Sept. 19	NAME OF CEMETE	od Cemetery	Baltimore			(State) .nd
DATE REC'D BY LOCAL REGISTRAR'S REG.	SIGNATURE	H. SANDER &	SONS, IN		ADD	RES
7 11 / 11 / 1 / 1		Baltimore.	District Contract Contract	1	4-11	- Lander



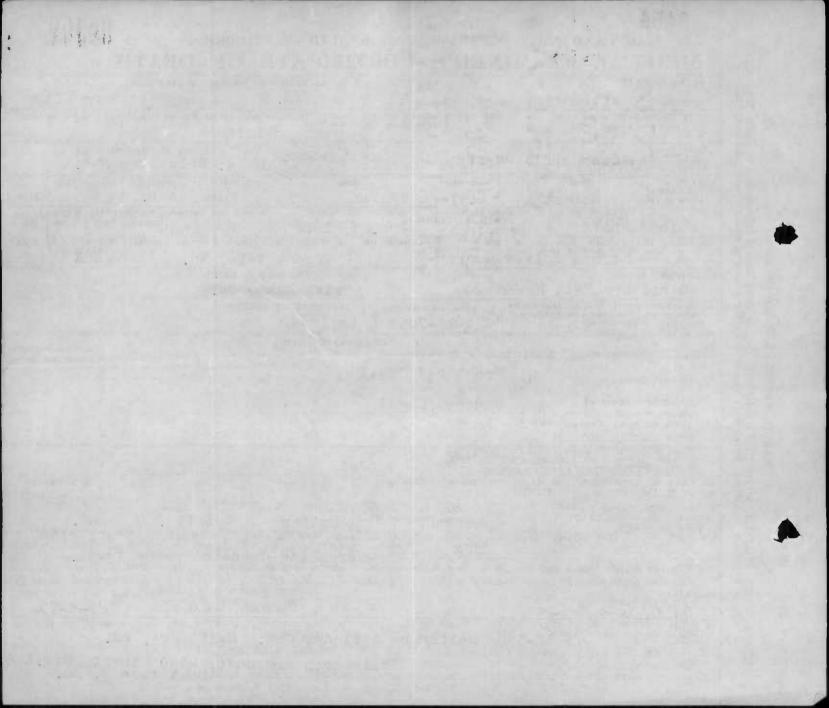
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

corre	MEDICAL EXAMINER'S CER		No
e l	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
F &	county Baltimore MARYLAND	STATE Md. COUNTY Baltimo	
fully.	CITY (If outside corporate limits, write RURAL OR and give nearest town) Y TOWN BULLEY (in this place)	CITY (If outside corporate limits write RURAL and TOWN Baltimore	give nearest town)
n care y and	HOSPITAL OR INSTITUTION OR Campbell's Quarry	STREET (If rural, give location) ADDRESS 3316 W. Belvedere	ve. V
natio	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Robert Gavle More	(Last) 4. DATE (Month) (Day OF DEATH Sept. 8	(Year) 19 55
infor leath	Male White Widowed, Divorced, Feb.	5, 1928 9. AGE last birthday: IF UNDER 1 Y Months Da	
o Jo s	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck driver Quarry	D I II DIDTUDI ACE (State on foreign country) al 19	COUNTRY?
it	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
can	David Crockett Moran	Mattie Jane Ball	
Supply every item of information carefully. The correct write the causes of death clearly and legibly.	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of yes word) 230-28-7057	17. INFORMANT & ADDRESS: Employer	
dir.		AL CERTIFICATION	INTERVAL BETWEEN
3	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Solution	1	ONSET AND DEATH
NG 1	Antecedent cause(s) Crushed Chest		
UNFADING INK. Physicians: please	Diseases or conditions, if any, (0) giving rise to the above cause DUE TO stating underlying cause last		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	070	<u> </u>
H#	DISEASE OR CONDITION CAUSING DEATH.	one	1
WIT	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: none		20. AUTOPSY? Yes No
ILY, imp	21a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING OF Street office bldg., etc. CAUSE OF DEATH.	Butler Balto.	Md.
E PLAINLY, WITH especially important.	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 9-8-55 M. While at work	over edge of dump & rolled arushing deceased under tr	down bank
P	22. I hereby certify that I took charge of the remains describ	ped above, held an Autopsy 🗌, Inspection 💢,	Inquiry I, and
TE	find that death resulted from: Natural causes [], Accid	lent刈, Suicide □, Homicide □, Undeter	mined cause [].
WRITE age is es	SIGNATURE & Caples	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	9-8-55
ASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER 9-12-55 Baltimore No.	ational Cem. Baltimore, Md.	unty) (State)
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR LEWORTH Armacost, 4600 Liber	ty Hts. Ave
	N. A.	Ed Beltimore ?	, 114.



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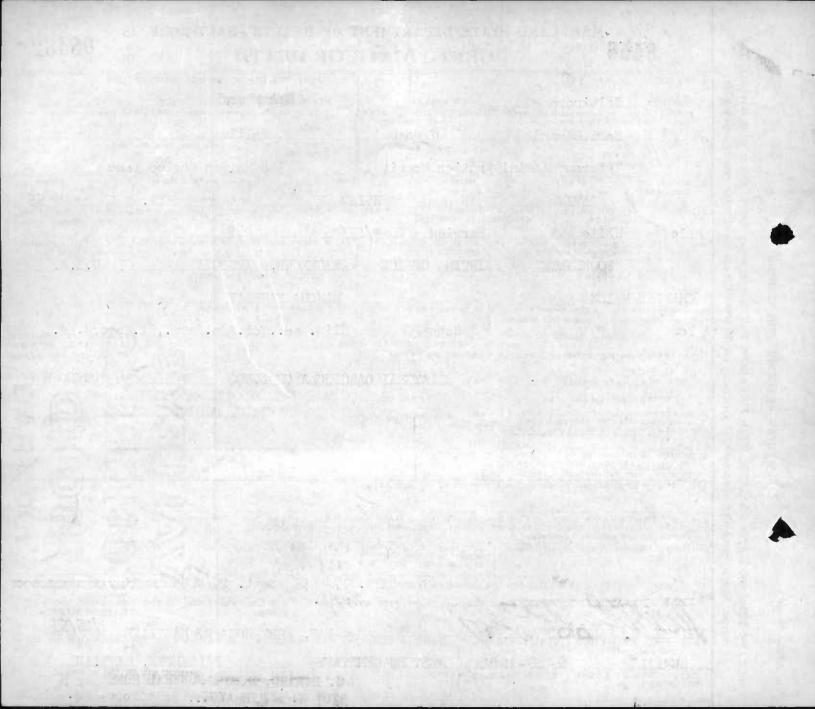
THE REPORT OF THE PARTY OF THE M.J. Market the thirt ship THE WALKSTAN THE THE STATE OF THE S Contract to the second Commence of the contract of th The second of th A CALL OF THE STATE OF THE STAT 10 There is a street of the second

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

	MARY	LAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	RE,	18
8455	Item	18 Fi	lm G194	PIETCATE	OF	DEATH	Reg	Diet

8456 Item 18 Film CLRTIFICATI	E OF DEATH Reg. Dist. No. 08462
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
1 P-74.*	STATE MATTILAND COUNTY
COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR
X TOWN Fort Howard 8 days	TOWN Baltimore (%) 52 STREET (If rural give location)
HOSPITAL OR INSTITUTION OR SO STREET ADDRESS Administration Hospital	ADDRESS 304 Maiden Choice Lane
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) AT,VIN W NE.	ISZ. OF DEATH:SEPT. 25 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White Widowed Divorced 9/2	Months Days Hours Mln.
IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
on all dama during most of working life! OR INDUCTRY.	COUNTRY?
e n if retired):BOOKBINDER PRINTING OFFICE 13. FATHER'S NAME:	RICHMOND, VIRGINIA U.S.A.
13. FAIRER S NAME:	14. MOTHER & MAIDER HAME.
CHARLES NEISZ	ELNORA VANLEAR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
Yes of service) W.I None	Clin. Rec., Vet. Adm. Hosp., Ft. Howard, Md.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	T.E. ONSET AND DEATH
of the following the state of t	456 TN6WA /ot / LUNCS UNKNOWN
DUE TO COMMO	RALIZED AMYLOIDOSIS OF VESSELS:
ANTECEDENT CAUSE (S) DEVERE GENE	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	OTDOSIS OF LUNGS AND MEDIASTINAL UNKNOWN
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that attended the deceased from SEPT.	. 17, 19.55 to Sept. 25, 19.55 that delast exwether deceased
WITH B VANDEGRIFT M.D. NAME OF CEMET	
BURTAT. 9-28-1955 WESTERN CEN	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 HOWERAL DESCRIPTION FUNERAL HOME ADDRESS

3207 W. NORTH AVE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 8457 correct CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEAT USUAL RESIDENCE (HOME) OF DECEASED: The and legibly. COUNTY COUNTY MARYLAND STATE CITY (If outside corporate limits) write RURAL LENGTH OF STAY OR and give nearest town)

TOWN

(in this place) CITY (If outs write RURAL and give nearest town) carefully. OR TOWN HOSPITAL OR STREET rwral give location) INSTITUTION OR ADDRESS STREET ADDRESS clearly information DATE Month) (Day 3. NAME OF (Middle) (Year) DECEASED: OF DEATH (Type or Print) death 8. DATE OF BIRTH 5. SEX 9. AGE last birthday : IF UNDER 1 YEAR P UNDER 24 HRS. COLOR OR SINGLE. MARRIED WIDOWED, DIVORCED, RACE Days Hours Min. Months (Specify): unou Jo 12. CITIZEN OF WHAT IOa. USUAL OCCUPATION. Give kind of 10b5KIND OF BUSINESS (State or foreign country): Jo COUNTRY? work done during most of working life, even if retired) INDUSTRY: item causes 13. FATHER'S NAME I4. MOT MER'S MAIDEN NAME: every 16 Social Security No .: | 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES! FOR (Yes, no or unk.) | (If Yes, give war or dates of Supply write tl service) MEDICAL CERTIFICATION RESERVED Interval Between I. DISEASES OR CONDITIONS DIRECTLY FEADING TO Onset And Death K. please Immediate cause DHE Antecedent causes (s) Physicians Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO UNF 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, WITH ortant. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No I (STATE) 21. ACCIDENT (COUNTY) impo (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) SUICIDE OF office bldg., etc.) PLAINLY HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) **1NJURY OCCURED** HOW DID INJURY OCCUR? especially OF While at Not While At Work 1NJURY Work 22. I hereby certify that I attended the deceased from 1953, that I last saw the deceased WRITE M, from the causes and on the date stated above. and that death occurred at DATE SIGNED SIGNATURE (Degree or title) ADDRESS (State) E S V ADDRESS RECID BY LOCAL PLE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1. PLACE OF DEATH:		2. USUAL RESI	DENCE (HOME)	OF DECE	ASED:		
county Balto.	MARYLAND	STATE Md.	COL	YTAI	Balto	0.	
CITY (If outside corporate limits, write RURAL			le corporate limits,				t towr
OR and give nearest town) 2TOWN Catonsville	(in this place)	OR	tonsville			5	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 49 Overbrook R	d.	STREET ADDRESS	(If rurs	DA	itlon)		1
3. NAME OF (First) (M) DECEASED: (Type or Print) NETTE	iddle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Ye	ar)
5. SEX: 6. COLOR OR 7. SINGLE. MAR RACE: WIDOWED, DI	RIED. 8. DATE	OF BIRTH:	9. AGE last birth	day IF UNG Month	ER I YEAR		
OA. USUAL OCCUPATION (Give kind of) 10B. KIN	D OF BUSINESS INDUSTRY:	Md.	(State or foreign	country):		ZEN OF	WHA
13. FATHER'S NAME:		14. MOTHER'S	MAIDEN NAME:				
Francis Keefer		Alberta Ca	rlin				
(Yes, no, or unk.) (If Yes, give war or dates of service)	OCIAL SECURITY NO.	Mr. Wanne		17	P C		C+
0.00.00	EDICAL CERTIFICA	No. or and	n N. Arnold	- 17		ERVAL B	
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ANTECEDENT CAUSE (A) DUE 1 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE	Arterioscle			diseas		to 4	mo
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IMMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198, MAJOR FIND 21A. ACCIDENT WAS UNDERLYING 218, PLA	Arterioscle	on ctory. 21c. WHERE	-vascular		2	O. AUTO	PSY
ANTECEDENT CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRII TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FIND 21A. ACCIDENT WAS UNDERLYING 21B. PLO DR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E.	Arterioscle O BUTING INGS OF OPERATIO ACE (Home, farm, fa RY street, office bidg INJURY OCCURRE ONO While	etory. 21c. WHERE	-vascular	wn) (e 2 YI	O. AUTO	PSY'
ANTECEDENT CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FIND 21A. ACCIDENT WAS UNDERLYING 21B. PL. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. PL. OF TINJURY	Arterioscle O BUTING INGS OF OPERATIO ACE (Home, farm, fa RY street, office bldg INJURY OCCURRE Ork at work eased from Aug. death occurred a	ctory. 21c. WHERE NJURY OCC INJURY OCC INJUR	DID (City or town or t	vn) (7 5, that I on the d	County) last saw late stat DATE S Sept	O. AUTO (St V the de ed abov IGNED	DPSY NO (mate)

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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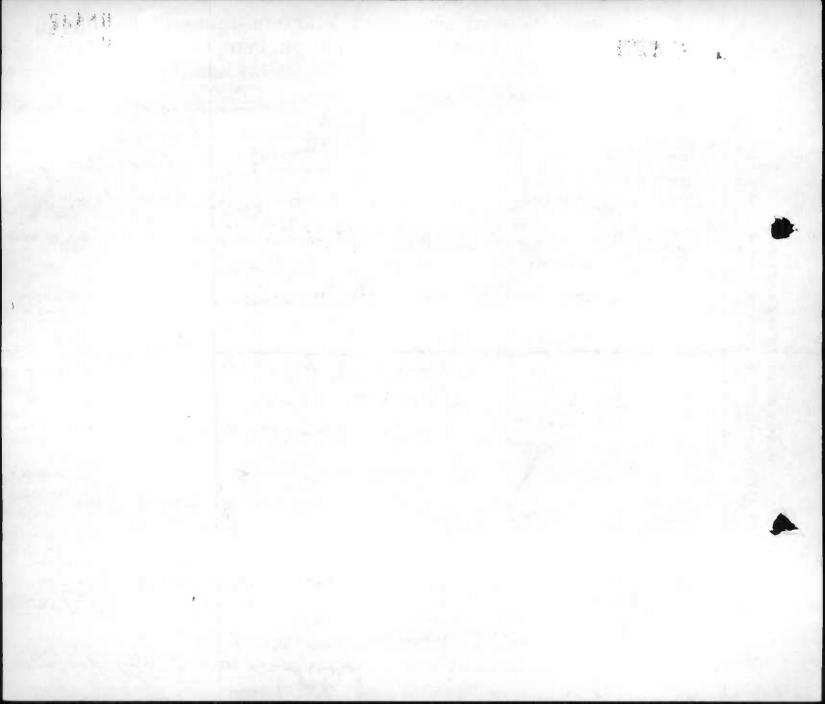
CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Gally CONARYLAND	STATE Md COUN	TY Belts
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town TOWN (in this place)	CITY (If outside corporate limits, write RURAL ar	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS 75/3 Casler	aur 1
3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day OF DEATH:	(Year) / 19 5 5
SEX: S. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	OF BIRTH: 9. AGE last birthday IF UNDER I YI 13 1878 9. AGE last birthday Months Ds	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	R 11. BIRTHPLACE (State of foreign country): 12. (COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
good Don't Know	Hemsella,	
15 WAS PECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service)	Mr anna Slalmaker 1513	Caster any
I8. MEDICAL CERTIFICATI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON	Interval Between
	Occlusion	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause	Tension	8 years
stating the underlying cause last. DUE TO (c) A R Terr	10 - Sclerosis	12 year
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
Q		Yes No
2I. ACCIDENT (Specify) SUICIDE (Specify) IIOMICIDE (PLACE (Home, farm, factory, street office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. INJURY OCCURED Work At Work □	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on Sand II., 1957, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	TE SIGNED
	OIO NORTH POINT Rd. RY OR CREMATORY LOCATION (City, town, or co	1/13/55 (State)
REMOVAL (Specify)	Balts G	aney) (Some)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS
- I W W A DE DESCRIPTION	Little 100 miles	

PLEASE WRITE PLAINEY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15



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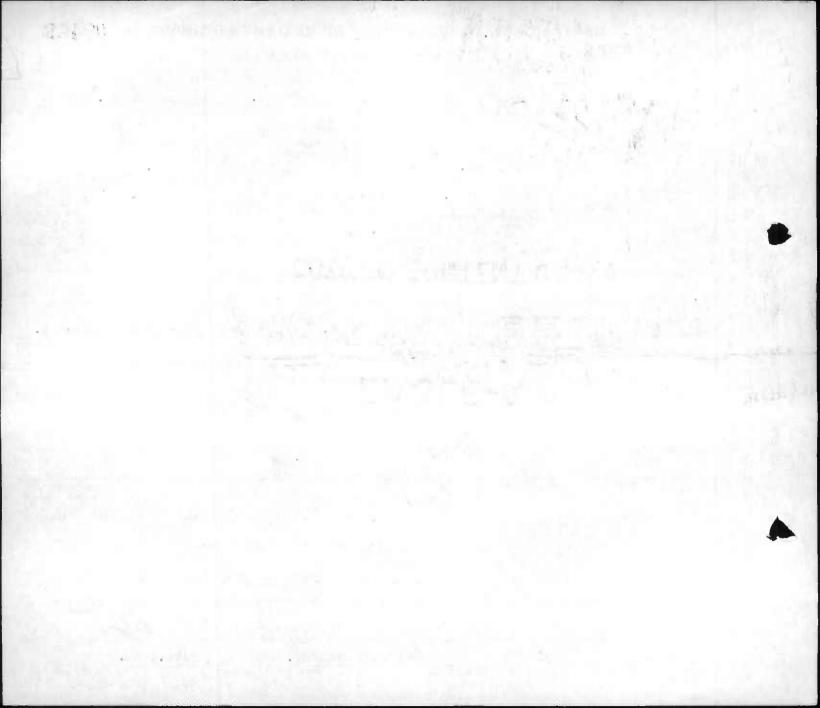
VS. A15 — 10 - 53

MARYLAND S	STATE DEPARTMEN	T OF HEALTH—BAL	TIMORE, 18 U	8467
* 8461	CERTIFICATI	E OF DEATH	Reg. Dist.	No. 30
1. PLACE OF DEATH: COUNTY Salta lo	MARYLAND	2. USUAL RESIDENCE (HC	COUNTY BALL	to
OR and give hearest town) 52 TOWN AUNDVILLE	RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate I	wille 2	P 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 3 W	f rural give location)	eve
3. NAME OF (First) DECEASED: (Type or Print) (First) (First)	M. PAE	TOW OF	EATH: 7/10	1955
A RACE: WIDO' (Specif	MINMAN 110		yrs. Months Day	Hours Min.
work done during most of working life, even il retired mest of working life.	OR INDUSTRY:	11. BIRTHPLACE (State or for	1	DUNTRY?
13. FATHER'S NAME:	20	14. MOTHER'S MAIDEN NA	Schell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)		17. INFORMANT & ADDRES	rich	
DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CERTIFICAT	ion		NTERVAL BETWEEN
IMMEDIATE CAUSE	(A) DUE TO	Kenia	1	Heek
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) Arichin-	ageretic con	10 - 14404/04	8 100
STATING UNDERLYING CAUSE LAST.	(C)	2/ Alphabete		
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING	O THE			
19a. DATE OF OPERATION: 19B. MAJO	R FINDINGS OF OPERATIO	N	· 图 / 图 / 图	20. AUTOPSY7
	21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,		or town) (County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F, HOW DID INJURY O	CCUR7	
22. I hereby certify that I attended		1100 1	19 d, that I last s	
alive on, 19 , a	and that death occurred at	M, from the causes	and on the date st	ated above.
23. EURIAL. CREMATION. DATE THEF REMOVAL (SPECIFY) 9/3	SS NAME OF CEMET	ral LOCA	alto m	county) (State)
DATE REC'D BY LOCAL REGISTRAL	R'S SIGNATURE	24. FUNERAL DIRECTOR	(,, / -)	ADDRESS

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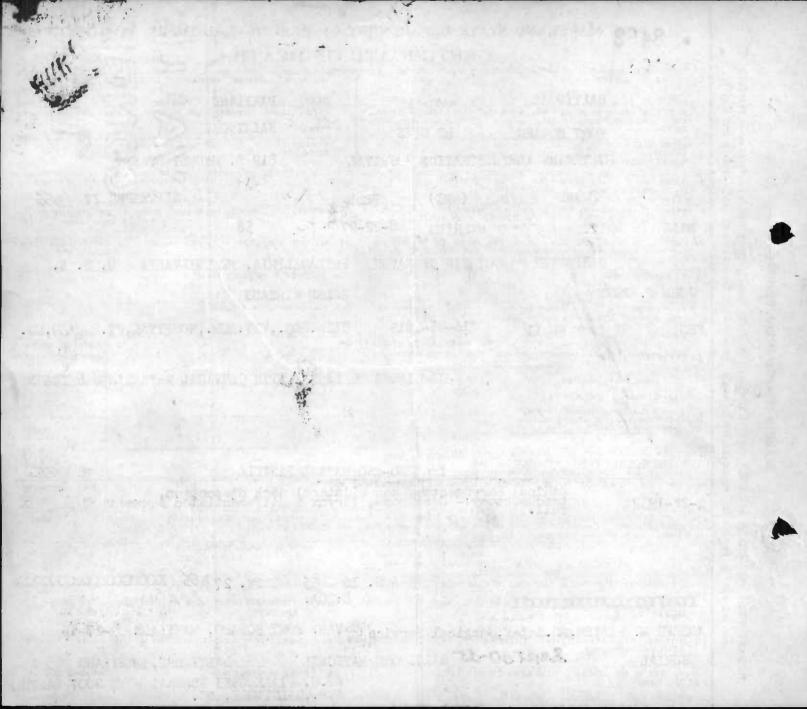


	8368	CE	RTIFICA'	TE OF DEA	TH Reg. 1	Dist. No.	47
I. PLACE OF	DEATH:			2. USUAL RESI	DENCE (HOME) OF DECE.	ASED:	u C
COUNTY	Balto.		MARYLAND	STATE 1	Id. COUNTY BE	alto.	
CITY (If of one and of town	utside corporate limits, rive nearest town) Arbutus	write RURAL	LENGTH OF ST	OR	de corporate limits, write RUR. Arbutus	AL and give ne	arest to
HOSPITAL INSTITUTION STREET AD	OR N OR	vland Rd		STREET ADDRESS	off rural give local	tion)	1
3. NAME OF DECEASED: (Type or Pri	(First)	(M	iddle)	(Last) AIMI SANO	4. DATE (Month) OF DEATH: Sept	25	(Year)
Female	White White	INGLE. MAR IDOWED, DI Specify): mar	ried Mar	. 6, 1907	9. AGE last birthday Months	Days Hour	-
work done do even if retire	CUPATION (Give kind ring most of working led): Uperator TEM machine	of 108. KIN or Railr	OF BUSINESS INDUSTRY:	Md.	(State or foreign country):	12. CITIZEN COUNTRY	OF WI
13. FATHER'S	NAME:				MAIDEN NAME:		
	Higgs Ever in U.S. Armed For (1) (1f Yes, give war or of service)		OCIAL SECURITY NO.	Mary V.		NII ondele	C4
DISEASES OR GIVING RISE STATING UND	ENT CAUSE (S) CONDITIONS, IF AN TO THE ABOVE CAUSE ERLYING CAUSE LA NIFICANT CONDITION	SE DUE		iona of	the breast		
TO THE DE	TH BUT NOT RELAT	ED TO THE					
19A. DATE OF C	PERATION: 198. I	MAJOR FIND	INGS OF OPERAT	TION		20. AL	UTOPS'
OR CONTRIBUT	FY MEDICAL EXAMINER)	TH OF INJU	JRY street, office b	factory, dg., etc. 21c. WHERE INJURY OCC	CUR7	County)	(State)
OF TNJURY	th) (Day) (Year) (1	M. While	ork at work		NJURY OCCUR?		
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	8462 MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18 08469
A	Item 15.FilmG188 11-7-55 CERTIFICATE	OF DEATH Reg. Dist. No.
ly.		2. USUAL RESIDENCE (HOME) OF DECEASED:
the causes of death clearly and legibly	COUNTY BALTIMORE MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN FORT HOWARD LENGTH OF STAY (in this place)	STATE MARYLAND COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 3V0/-4
	HOSPITAL OR INSTITUTION OF TERANS ADMINISTRATION HOSPITAL	ADDRESS 819 S. GRUNDY STREET
	3. NAME OF (First) (Middle) (Last DECEASED: (Type or Print) EDWARD (NMI) PENN 5. SEX: 6. COLOR OR RACE: WIDOWED. DIVORCED. (Specify): MARRIED 8-22-97	OF DEATH SEPTEMBER 27 1955 F BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS Min. 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	work done during most of working life. OR INDUSTRY:	PHILADELPHIA, PENNSYLVANIA U.S. A.
the	13. FATHER'S NAME:	14. MOTHER'S MAÎDEN NAME:
write 1		IELEN KINKAUS
	(Yes, no, or unk.) (If Yes, give war or dates	CLIN.REC., VET.ADM., ROSPITAL, FT. HOWARD, MD.
please	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Physicians:	DUE TO	LARYNX WITH CERVICAL METASTASES 1, YEARS
sici	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, (B)	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	A A TOTAL OF THE STATE OF THE S
important.	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. TRACHED FSOPH	IAGRAL FISTULA 6 WEEKS
	19A. DATE OF OPERATION: Radical Laryngectomy and bil.	ateral neck dissection. 20. AUTOPSY7 rynx & differentiated squamous YES NO X
s especially	CCLLA	21c. WHERE DID (City or town) (County) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
502	OF INJURY M. While Not while at work at work	
se is	OF INJURY While Not while	, 155 , toSEPT. 27, 155 , ********************************
age	22. I hereby certify that X attended the deceased from AUG. 16	
98	22. I hereby certify that X attended the deceased from AUG. 16 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	VAH, FORT HOWARD, MARYLAND 9-27-55 YOR CREMATORY LOCATION (City, town, or county) (State)
age	22. I hereby certify that X attended the deceased from AUG. 16 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	VAH, FORT HOWARD, MARYLAND 9-27-55 YOR CREMATORY LOCATION (City, town, or county) (State)



HALSTED FUNERAL HOME DRUID HILL AVE .. BALTIMORE, MD .

	7. The	CERTIFICATE OF DEATH Reg.	Dist. No.
	carefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DEC	EASED:
276	eg	COUNTY BALTIMORE MARYLAND STATE MARYLAND COUNTY	••
7	_	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN FORT HOWARD LENGTH OF STAY (in this place) DAYS CITY(If outside corporate limits, write RURAL OR TOWN BALTIMORE)	RAL and give nearest town)
	information	HOSPITAL OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL ST. MARY STE	stion)
M)	ofath	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED: (Type or Print) ANTHONY R. PERRY OF DEATH: SEPTE	(Day) (Year)
	ite of	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IP UN	
S ON	v every causes	10A. USUAL OCCUPATION (Give kind of working life. even if retired): IABORER 10B. KIND OF BUSINESS OR INDUSTRY: WARREN CO, N.C.	12. CITIZEN OF WHAT COUNTRY?
	pply	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
BINDIN	Supply te the	WARREN PERRY HATTIE WILLIAMS	
e e	· Fe	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
FOR	INK se w	YES of service) WW-I 218 03 8930 CLIN.REC.VET.ADM.HOSP., FT.H	OWARD, MD.
	DING pleas	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
ER	< 0	IMMEDIATE CAUSE (A) CARCINOMA OF LUNG	UNKNOWN
ES	UNF	ANTECEDENT CAUSE (S' DUE TO	
MARGIN RESERVED	WITH UNF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
RG	p	(c)	
MA	LY, ortan	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN
-	AIN	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
T	7		YES NO X
A	VRITE PI especially	OR CONTRIBUTING LICAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	County) (State)
	R WR is es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	0	22. I hereby certify that X attended the deceased from SEPT. 2, 19 55, to SEPT. 6, 19 55, AXXX	AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
0 - 53	TYPE rect ag	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
.15 — 10	ASE	FRANCIS G. DICKEY Chief Medical Service D. VAH, FORTHOWARD, MD. 23. BURIAL CREMATION. DAY THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, took REMOVAL (SPECIFY) BURIAL PARTICLE PROPERTY OF CREMATORY LOCATION (City, took REMOVAL (SPECIFY) BURIAL PARTICLE PROPERTY OF CREMATORY PROPERTY OF CREMATORY BURIAL PARTICLE PROPERTY OF CREMATORY PARTICLE PROPERTY OF CR	9-7-55 vh, or county) (State)
A.	LE	BURIAL DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR	ADDRECS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 () CERTIFICATE OF DEATH Reg. Dist. No. 70 legibly. I. PLACE OF DEATH: initiate carefull 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY MARYLAND COUNTY rporate limits write RURAL (If outside carporate and give necessary CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY and OR (in this place) information TOWN TOWN clearly HOSPITAL OR STREET aral give location AODRESS INSTITUTION OR STREET ADDRESS Were (Middle) (Last) 3. NAME OF DATE (Month) death DECEASED Jo OF (Type or Print) DEATH: item SEX COLOR OR 17. SINGLE, MARRIED 8. DATE BIRTH 9. AGE last birthday IF UNDER I YEAR WIDOWED DIVORCED. RACE: of Months (Specify): every causes OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BINTHPLACE (State or foreign country): |12. CITIZEN OF WHAT IOA. USUAL work done during most-of working life, OR INTERESTRY: even if retired): Supply 0 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: th te IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Wri wnk.) (If Yes, give war or dates GRAYRGIN TRESERVED PO Z of service) ease 02 18. MEDICAL CERTIFICATION thi ADIN(DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH D Physicians on IMMEDIATE CAUSE (A) E DUE TO ANTECEDENT CAUSE (S) appearing DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. M (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 60 PL especially 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) 田 OF INJURY street, office bldg., etc. INJURY OCCUR? 21E INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while While OF INJURY_ at work at work 20 , that I last saw the deceased 0 ge 22. I hereby certify that I attended the deceased from, to 田 g My from the causes and on the date stated above. alive on ... a. , and that death occurred at TYPI rrect SIGNATURE ADDRESS DATE SIGNED 10 SE REMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY) V AI B DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 24.

(Day)

Days

(Year)

IF UNDER 24 HRS

INTERVAL BETWEEN

AUTOPSY?

(State)

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DEATH

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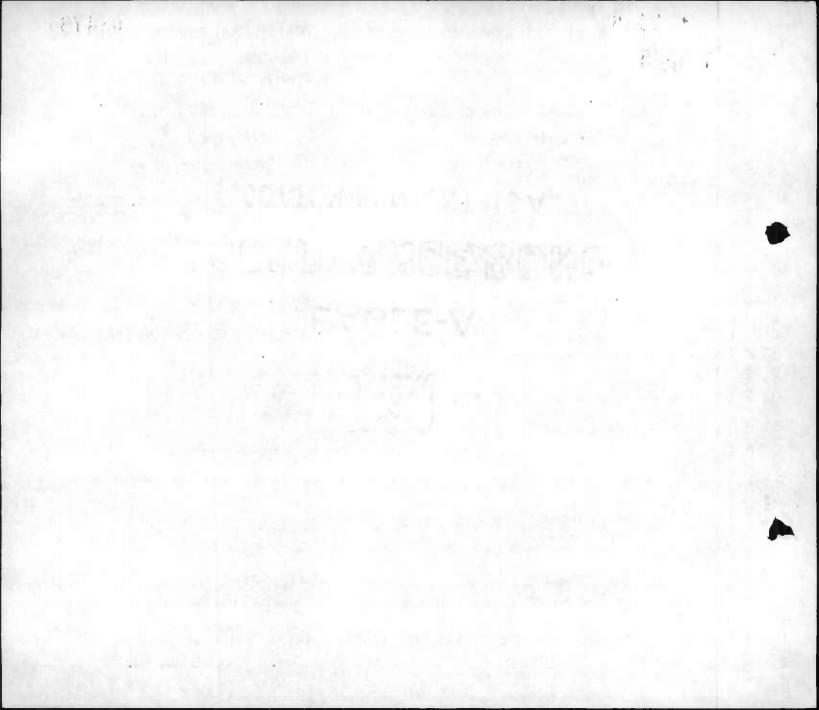
BUREAU V. S.

SED 4 das

SECEN

8465 CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Balto. MARYLAND	STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL LENGTH OF STA (in this place) X TOWN Balto. 7 (Larchmont)	CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN Baltimore 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2514 Poplar Drive	STREET (If rural give location) ADDRESS 2514 Poplar Drive
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MAGGIE D. PHO	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Sept. 21, 1949 55
	9. AGE last birthday FUNDER I YEAR FUNDER 24 H
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WE COUNTRY? Maryland
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Marcellus A. Bramble	Amanda R. Johnson
(Yes, no, or unk.) (If Yes, give war or dates of service) (18. Social Security No.	Mrs. Lucille Garner - 251h Poplar Drive
18. MEDICAL CERTIFIC	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4221 IMMEDIATE CAUSE (A)	dis case - selevois devere
ANTECEDENT CAUSE (S)	dis case -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Secolo	it,
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI	ON 20. AUTOPS
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Cactory. 21c. WHERE DID (City or town) (County) (State) ig., etc. 1NJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR OF INJURY M. at work at work	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from alive on 1900, and that death occurred a SIGNATURE	
REMOVAL_(SPECIFY)	etery or crematory Location (City, town, or county) ISL
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24) FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING



Supply every item of information carefully.

M

FOR BINDING

MARGIN RESERVED

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

8485 CERTIFICATI	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MARYTAND COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR
X TOWN FORT HOWARD 160 DAYS	TOWN BALTIMORE 3V01-4
HOSPITAL OR	STREET (If rural give location) ADDRESS
50 STREET ADDRESSVETERANS ADMINISTRATION HOSPIT	AL 2811 BRENDAN AVENUE
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) WTT.T.TAM H. POW	ELL DEATH-SEPTEMBER 30 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify):	Months Days Hours Min.
MALE WHITE MARRIED II-	7-98 56 yrs.
10A. USUAL OCCUPATION (Give kind of lob KIND OF BUSINESS or INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired): FOREMAN STEEL PRODUCT CO.	STANARDSVILLE, VIRGINIA U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
JOHN POWELL	WILLIE POWELL
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	GITH DOG THE ADM MOST TO HOWARD AN
YES WW 11 UNANUWN 18. MEDICAL CERTIFICAT	CLIN_REC_, VET.ADM.HOSP., FT.HOWARD, MD
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ONDE! AND DEATH
16/Xmmediate cause (A) CARCINOMA	OF LARYNX 52 MONTHS
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOFST
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
210 TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	2 21F. HOW DID INJURY OCCUR?
OF INJURY While Not while at work at work	
22. Hereby certify that X attended the deceased from APRIL.	23 1055 to SEPT 30 1055 transparance propagate
and that death occurred at	11:25AM, from the causes and on the date stated above. ADDRESS DATE SIGNED
Mark of the Control o	. D. VAH FT. HOWARD. MD 9/30/55
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
RI MOVAL (SPECIFY)	
BURIAL OCT, 4, 1733 BALTIMORE N	ATIONAL CEMETERY BALTIMORE, MARYLAND
DAT REC'D BY LOCAL REGISTRAR'S SIGNATURE	WILLIAM COOK-BLICHT INC 6009 HARFORD RD
RE TRARS SIGNATURE	BALTO. MD.

10 - 53A15 VS.

THE RESERVE OF THE PROPERTY OF There were the same the same and the same an DEATH:

No.

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1.	PLA	CE	OF
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-	CITY OR TOW	ar N	f ou
	HOSI	TTI	AL

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carefully.

M

al timore MARYLAND

LENGTH OF STAY itside corporate limits, write RURAL ive nearest town) (in this place)

atonsville OR N OR

davs

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR Bal timore VO1-4-

STREET (If rural, give location) ADDRESS 2300

Chelsea Terrace

STREET ADDRESSpring Grove State Hospita (Middie) (First) 3. NAME OF DECEASED: (Type or Print) Susan

#11en (Susie 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

Price 8. DATE OF BIRTH:

(Last)

4. DATE (Month) (Year) OF DEATH Sentember 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS.

Months | Days

RACE: 11-24-1868 Female White 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Unknown 10b. KIND OF BUSINESS OR

11. BIRTHPLACE (State or foreign country): INDUSTRY: House Wife

Maryland 14. MOTHER'S MAIDEN NAME: 12. CITIZEN OF WILAT COUNTRY? TISA

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

Yes T No

(State)

ADDRESS

Hours

13. FATHER'S NAME:

Unknown Hynson Kirby

6. COLOR OR

Nancy Gealon Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO .: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)

No

Unknown Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

904.0 Immediate cause

Inanition and Dehydration

DUE TO Antecedent cause(s)

(b) Diseases or conditions, if any,

giving rise to the above cause DUE TO stating underlying cause last

Post Operative Necrosis

Fracture head of right femur (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

Circa 8-7-55 Balltimore City Hospital 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

for fracture of right femur 21c. (City or town) 21f. HOW DID INJURY OCCUR? Patient

Orthopedic pin operation

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while Not while INJURY Around 8-2-55 M. home before admission to this hosp. work | at work

22. I hereby certify that I took charge of the remains described above, held an Autopsy 📆, Inspection 🗆, Inquiry 🛣, and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER

Mer of	10/0		
	REMATION,	DATE	THEREOF
REMOYAL	(Specify):	1610	100

DATE REC'D BY LOCAL

NAME OF CEMETERY OR CREMATORY Loudon Park | REGISTRAR'S SIGNATURE

Baltimore, Md.

ASSISTANT MEDICAL EXAM.

24. FUNERAL DIRECTOR John T. Stansbury 6411 Windsor Mill Rd.

LOCATION (City, town, or county)

MARGIN

Supply every item write the causes o INK. J UNFADING Physicians: important. WITH PLAINLY, WRITE 00 国 PLEAS

37120 Lill and the second of the sec THE THE REST COME PROPERTY AND

PLEASE TYPE

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0847

8468 CERTIFICATE OF DEATH

Reg. Dist. No. 36

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY BALLIMARE MARYLAND	STATE MURY AND COUNTY Bald	6
COUNTY / MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		d give nearest town
OR and give nearest town) (in this place)	OR /	a give nearest town
2 TOWN Catinsville 60 years	TOWN Catonsville	52
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	/
POSTREET ADDRESS 903 FININGSON Ave	903 Edmadson	Aue '
3. NAME OF (First) (Middle)		ay) (Year)
(Type or Print) Katie Lewis	Pye DEATH: Swanker	18 19 535
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	
F RACE: WIDOWED, DIVORCED. April	17, 1869 86 yrs. Months Da	Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	
work done during most of working life, even if retired):	Virginia A	Mulla.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Allen	Betty Bruxton	
5. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no. or unk.) (If Yes, give war or dates of service)	Mrs. Alberta Blaix 12	19 Kearnyn
18. MEDICAL CERTIFICA	TION warnit fin, DC.	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
151X	M C/2 1 . 10	12 m. N
IMMEDIATE CAUSE (A)	ma of stimach with	10 MONT
ANTECEDENT CAUSE (S)	inis	
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY7
		YES NO
21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fa	ectory, 21c. WHERE DID (City or town) (County	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	., etc. INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	., etc. INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	., etc. INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	., etc. INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRE While Not while at work 22. I hereby certify that I attended the deceased from	Ch, 1955, to 18.547. 1955, that I last	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRE While Not while at work 22. I hereby certify that I attended the deceased from	Ch, 1955, to 18.547. 1955, that I last	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRE While Not while at work 22. I hereby certify that I attended the deceased from	21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 3. etc. INJURY OCCUR? 21f. How DID INJURY OCCUR? 3. etc. INJURY OCCUR? 4. 1955, to 1854, 1955, that I last the second of the date second on the date second on the date second on the date second or the	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRE While Not while at work at work 22. I hereby certify that I attended the deceased from 6.1.4. alive on 1.8.5., and that death occurred at SIGNATURE	The steel INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Mch., 1955, to 18.5471., 1955, that I last the steel of	tated above.

BOMENO A. S.

BEGENAED

COLLON CUTTLEVE !

CERTIFICATE OF DEATH

Leonard J. Ruck. 5305 Harford Road #14

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH COUNTY COUNTY STATE Baltimore Martaann MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)
TOWN (in this place) Parkville Parkville TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS 2211 Taylor Avenue Taylor Avenue #11 STREET ADDRESS 4. DATE 3. NAME OF (First) (Middle) (Last) (Month) (Day) (Year) DECEASED September 2nd 1955 Violet Mrs. Rankin DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIOOWED 8. DATE OF BIRTH 9. AGE last birthday | If under. 1 year | If under 24 hrs 6. COLOR OR RACE Months. | Days | Hours | Min. female whi te (Specify) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) COUNTRY? INDUSTRY at Bordentown, New Jersey USA home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Fowler Wm. N. Howell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If year, give war or dates of 214-24-0025 Mr. Edgar F. Rankin. 2908 Scherer Ave #11 service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN J. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No I (CITY OR TOWN) (COUNTY) (STATE) PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT (Specify) SUICIDE INJURY HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at At work | INJURY 1955, to 7,2, 19.55, that I last saw the deceased 22. I hereby certify that I attended the deceased from... m., from the causes and on the date stated above. ..., 19, and that death occurred at NAME OF CEMETERY LOCATION (City, town, or county) DATE REC'D BY LOCAL | REGISTRAR'S SIGNATURE

MARGIN RESERVED FOR BINDING



REG.

Dr. Grott
Dr. Harris
8100 Harford Road

Baltimore 1, Md.

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BALTO., MD

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

* 8471 CERTIF	CATE OF	DEATH	Reg. Dis	t. No.
1. PLACE OF DEATH:	2. US	UAL RESIDENCE (HON	ME) OF DECEASE	:D:
COUNTY BALTIMORE MARYLAND		TE MARYLAND	COUNTY	
CITY (If outside corporate limits, write RURAL) LENGT	OF STAY CIT	Yilf outside corporate lin		and give nearest town)
OR and give nearest town)	is place) OR	WN DATESTACE		21/1/11
HOSPITAL OR		REET BALTIMORE	rural give location	7401-4
INSTITUTION OF	ADI	DRESS		
50 STREET ADDRESS VETERANS ADMINISTRATION		861 VI	NE STREET	V
3. NAME OF (First) (Middle) DECEASED:	(Last)	4. DA	TE (Month)	(Day) (Year)
(Type or Print) GEORGE (NMI)	ROBERTS	DE	ATH: SEPTEMBE	IR 10 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED.	8. DATE OF BIR	TH: 9. AGE iast	birthday IF UNDER 1	
MAIE COLORED (Specify): WIDOWED	11/27/90) 6	yrs. Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BU	SINESS 11. BIR	THPLACE (State or for	eign country): 12.	CITIZEN OF WHAT
work done during most of working iife. OR INDUSTR		ACUTEONICE WA	1	J.S.A.
13. FATHER'S NAME:		ACHIPONGE, VA.		J.O.A.
	200			
LEVIN ROBERTS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECU		RY MCKENZIE FORMANT & ADDRESS		
(Yes, no, or unk.) (If Yes, give war or dates	17. 11	FORMAN & ADDRESS		
YES of service) WW-I 216 10 8	58 CLIN	REC.VET.ADM.H	OSP. FT. HO	IARD, MD.
18. MEDICAL				INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO D	AIH			ONSET AND DEATH
6//X	ONEPHRITIS			TIMENIONEN
DUE TO CUDO		TIS AND CYSTIT	TC	UNKNOWN
	NTO INCOINT	TTO WAD CIDITI	19	UNKNOWN
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO				
STATING UNDERLYING CAUSE LAST.				
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF	ODED ATION			
198. MAJOR FINDINGS OF	DPERATION			20. AUTOPSY?
J- 1				YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Hom OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	office bidg., etc. INJ	URY OCCUR?	r town) (Cour	nty) (State)
	OCCURRED 21F.	HOW DID INJURY OC	CUR?	
22. I hereby certify that attended the deceased from	mAPRIL 19, 19	55, to SEPT. 10, 1	9.55, NEW XXXX	XXXXXIII XIII XXXXXX
have on XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ADDRESS	DA	TE SIGNED
B. VANDEGRIFT, M.D.	M. D. OF CEMETERY OR O	VAH. FORT HOW	VARD, MD. 9-	12-55 or county) (State
DEMOVAL (SPECIEV)		L CEMETERY BAL		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24S	THE T. PERSON	& SON	ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The - 10 - 53 A15.

VS.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

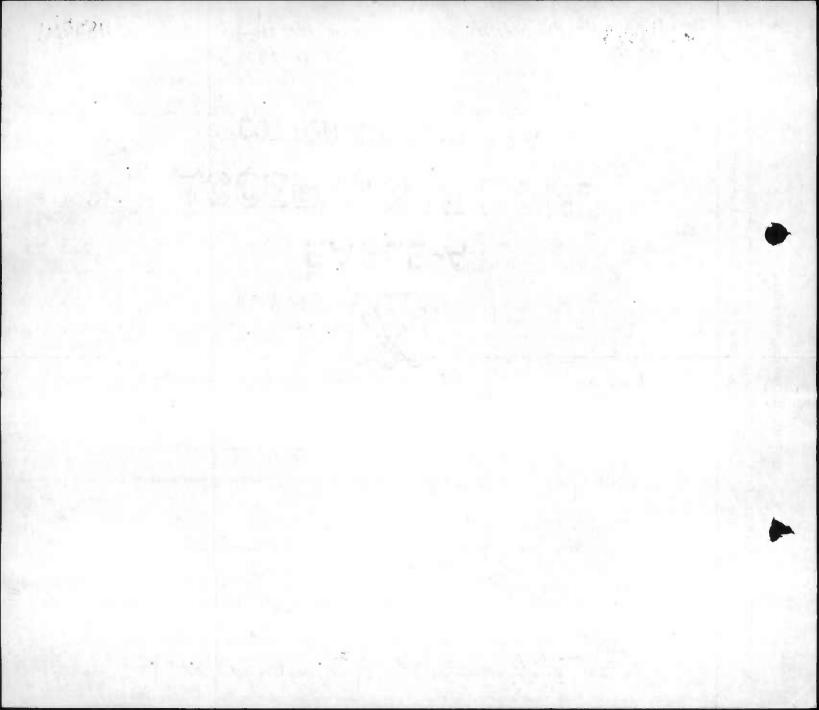
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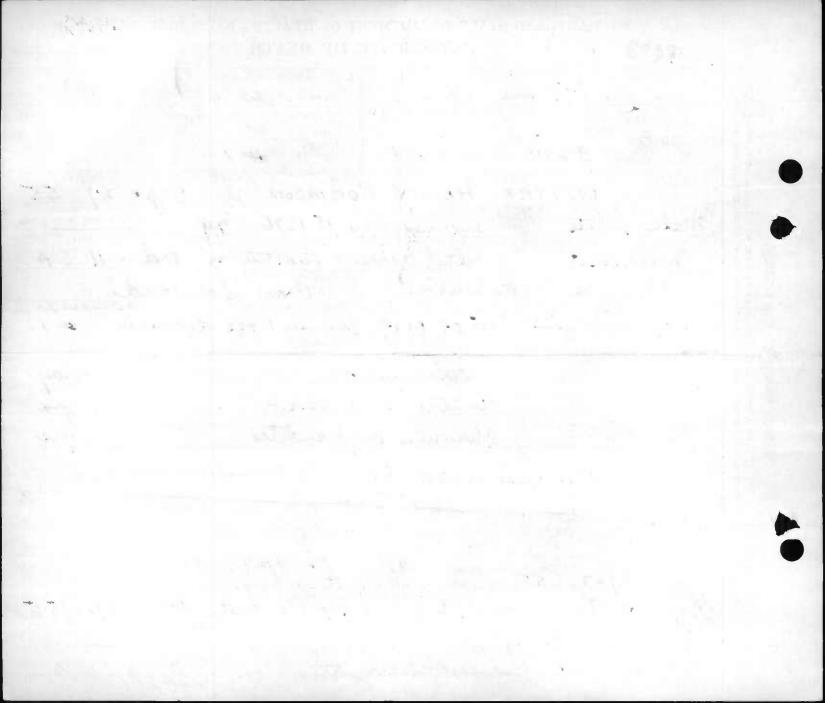
FUNERAL DIRECTOR

ADDRESS

DATE REC'D BY LOCAL

REGISTRAR





Supply every item of information carefully. The

VS. A15-10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) Sorrown CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Brooklyn.Park 02.50-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Frank Rohrbach	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 9-18 19 55
BACE WIDOWED DIVORCED	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. O-1883 T2 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Carpenter OR INDUSTRY:	Baltimore 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William	Mary ?
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Family Same
422.	ting tailing Leart 6 month
IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Clartie Cardio Visc. Dia 2 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) CD CO CD CO CO CO CO CO CO CO	clerti Cardio Vioc. Dia 2 years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	clerti Cardio Vioc. Dia 2 years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	clerti Cardio Vioc. Dia 2 years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Clertic Cardio Visc. Dia 2 years. 10 ge aro. 20. AUTOPSY? YES NO COUNTY. COUNTY OCCUR? (County) (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION CAUSING DEATH. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) CAUSING DEATH OF INJURY STREET, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) CAUSING DEATH OF INJURY STREET, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRE While at work At work	Clertic Cardio Visc. Dis 2 years 10 ge aro.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from alive on the control of the con	clerate Cardio Visc. Dia 2 years 20. Autopsy? YES No 21c. Where DID (City or town) (County) (State) 21f. How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 22 , 19 3, to 2 / 8 , 19 5, that I last saw the deceased of ADDRESS DATE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg CONTRIBUTING CAUSE OF DEATH OF INJURY 21B. PLACE (Home, farm, fa OF INJURY street, office bldg OF INJURY OCCURRE While Not while at work 22. I hereby certify that I attended the deceased from alive one of the strength of the st	Clertic Cardio Visc. Dis 2 years Control 20. Autopsy?

Bendiansky Petetis Highway

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A15 V.S.

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	08489
CERTIFICAT	E OF DEATH Reg. Dist	. No.
1. PLACE OF DEATH: COUNTY Haltmore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASES STATE MAY SON COUNTY APOST	TPM Potot.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL s OR TOWN SHALLSTANDS SPATTOW	
14 STREET ADDRESS String from State Keystal	STREET ADDRESS 806 E SW.	
3. NAME OF (First) DECEASED: (Type or Print) (First) Rove camp	(Last) 4. DATE (Month) (Contract of DEATH:	Day) (Year) 6 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	~	YEAR IF UNDER 24 HRS. Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): poursele		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Hanna	Elizabeth Me. Bride	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Sun- her Vigan Ro	Vecamp
18. MEDICAL CERTIFICATIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
199./ IMMEDIATE CAUSE (A) Musly	gianes of the believe	Stogree
ANTECEDENT CAUSE (8)		ques
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ation, ancura Secusioni.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. MAJOR FINDINGS OF OPERATIO	NC	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, of the bldg.	., etc. INJURY OCCUR?	ty) (State)
OF INJURY OF INJURY OF INJURY (Year) (Hour) 21E INJURY OCCURRED While at work at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9.9. alive on 1953, and that death occurred at SIGNATURE	ADDRESS DAY	stated above.
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, or Balto. Co. Mc	county) (State
DATE/REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S / REGISTRAR'S SIGNATURE REGISTRAR'S / REGISTRAR'S SIGNATURE	Walter Brooks Bradley, Du	ADDRESS

BUREAU Y. E.

A CONTRACTOR SERVED AND DESCRIPTION OF THE CONTRACT STATES OF A DESCRIPTION OF THE CONTRACT OF

CALLED THE STATE OF THE STATE O

Service and Them will be a service and

Sat Charles Waller

15 A 15 A 15 A

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DE	CEASED:
COUNTY Baltimore MARYLAND	STATE Marvland COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF ST		URAL and give nesrest town)
OR and give nearest town) (in this place	OR	
52Town Catonsville lyr3mollda	y baltimore	3401-4
HOSPITAL OR INSTITUTION OR	STREET (If rural give	location)
14 STREET ADDRESS Spring Grove State Hospital	610 Whitelock Str	eet.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month	
DECEASED: (Type or Print) Sigmond S.	Samuel OF DEATH Sent	09 10 ZZ
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DA	Samuel DEATH Sept.	ember 28, 19 55
RACE: WIDOWED, DIVORCED, (Specify):	Mo	onths Days Hours Min.
Male White (Specify): Married	Octivity IC IVI): 112 CITITEN OF WINE
	The billion EACE (blate of foreign country	COUNTRY?
work done during most of working life. even if retired) Salesman Hardware	Germany	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Moses Samuel	Josephine Sagar	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (if Yes, give war or dates 153 - 07 - 81	Records Spring Grove Stat	. II 44.3
Unknown of service) linknown 18. MEDICAL CERTIFI		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CATION	INTERVAL BETWEEN
422.1		ONSE! AND BEATH
IMMEDIATE CAUSE (A) Bilateral	infarctive pneumonia	
ANTECEDENT CAUSE (S'		
	thrombosis	
GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.	elerotic cardiovascular disea	Se
(C) Arter1080 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Heloffe Caldio Assertar disea	.00
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA	TION	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office b		(County) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR OF INJURY While Not white	RED 21F. HOW DED INJURY OCCUR?	
OF INJURY M. at work Not white at work		
22. I hereby certify that I attended the deceased from 6	-17 105h to 0 00 1055 the	t I lest saw the descend
alive on 9-28- , 19.55 and that death occurred	at 6:15PM, from the causes and on the	e date stated above.
SIGNATURE CLOSE ALONDON	Spring Grove State Hogni	DATE SIGNED
orece waculus	Spring Grove State Hospi	Net 3-67-33
REMOVAL (SPECIFY)		lown, or county) (State)
	Park Cem. Balto. Md.	1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		ADDRESS/ 17

MARGIN RESERVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

A15-10-53 VS.

REPORTED AND THE REPORT OF THE PROPERTY OF THE 1.11.11 THE RESIDENCE OF THE ASSESSMENT OF THE PARTY Show of Submistrate Charles and the first of the second state of t attraction I so had by the same a subject to my bon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

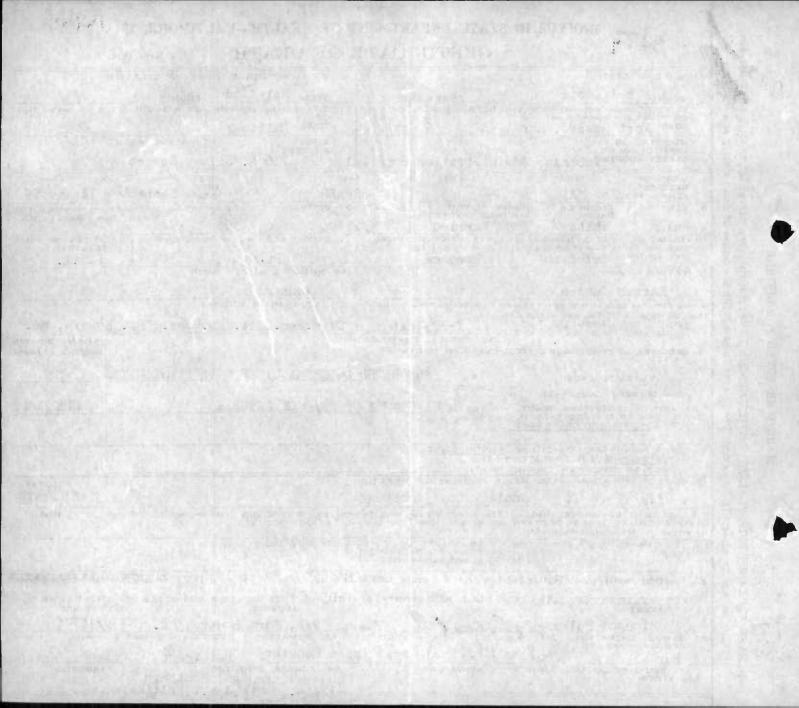
Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) X TOWN Fort Howard, Maryland 6 days	or Town Baltimore 3vo/_4
HOSPITAL OR	STREET (If rural give location)
50 STREET ADDRESS eterans Administration Hospita	1 726 N. Hilton Street
	Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) MAX SC	CHABB OF DEATH: September 18 19 55
5, SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	TO BOOK IS THE TENENT OF BOOK IS THE STATE OF BOOK IS THE STATE OF THE
	26/96 59 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life, even if retired): Salesman Produce	Russia COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Morris Schabb	Anna Moss
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	
Yes of service) WW I 217-30-4247	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.
18. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE STATE SEINCE
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) PERFORATED	DUODENAL ULCER WITH PERITONITIS 1 WEEK
DUE TO	DOODDAND OLOUIC WITH I HILLIOWILLIO I WILL
ANTECEDENT CAUSE (S)	TEAD OF DANOPEAC
GIVING RISE TO THE ABOVE CAUSE DUE TO	OF HEAD OF PANCREAS UNKNOWN .
STATING UNDERLYING CAUSE LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
4/29/55 Cholecystojejunostomy	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While While at work at work	
22. I hereby certify that WAattended the deceased from Sept	12 , 1955, to Sept 18 , 1955, MANPORTO SAN THE PROCESSES
The succession and that death occurred at SIGNATURE	5:05AM, from the causes and on the date stated above. ADDRESS DATE SIGNED
Michael Sulka Zachen Lande	D. VAH, Fort Howard, Md. 9/18/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Sept 20 155 Bnai Jacob Lo	odge Cemetery Baltimore, Maryland
	24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. AIS VS.



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	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	08485
)			TO THE CAME				./-

8478 CERTIFICATE OF DEATH

Reg. Dist.	No. 42
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore MARYLAND		imore
CITY (If outside corporate limits, write RURAL OR and give nearest town) Catons ville City (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN Arbutus	give nearest town)
HOSPITAL OR INSTITUTION OR Caton Ridge Nursing Hom	STREET (If rural, give location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Louise M. Schaefer	(Last) 4. DATE (Month) (Day) OF DEATH: 9-29-55	(Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 8. DATE	E OF BIRTH: 9. AGE iast birthday: IF UNDER 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework home	OR II. BIRTHPLACE (State or foreign country): 12 Washington D.C.	COUNTRY?
13. FATHER'S NAME: Geroge Schaefer	Catherine	
(Yes, no, or unk.)! (If Yes, give war or dates of	7. INFORMANT & ADDRESS: Margaret McGowan, 4402 Highv	iew Ave
18. MEDICAL 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 1	CERTIFICATION There's leave in the second s	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY? Yes □ No □
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) HOMICIDE INJURY	tt, (CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work at work	HOW DID INJURY OCCUR?	
alive on	ADDRESS ERY OR CREMATORY LOCATION (City, town, or confige ROWARD CO. Md.	stated above. DATE SIGNED unty) (State)
REG Seft. 30 55 Le Mileste	Howard All Bard, 4107 Wilk	ens Ave

001 3 1022 001 3 1022

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

8479

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Balfo MARYLAND	STATE MA BOLLEG	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR give nearest town) TOWN (in this place)	TOWN Fuller ton	X
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS & 3 27 Balair Pd	ADDRESS C 2 2 2 12 . /	, 1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dear) OK
DECEASED /	OF	(Day) (Year)
(Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 19. AGE last birthday / If under 1	19 19 5
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify) V// doly.	Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	April-4-1879 82 yrs.	
done during most of working life, even if retired) INDUSTRY	0	CITIZEN OF WHAT
13. FATHER'S NAME	Balto Md	15a
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
John Kunkle	Hedwig Weiner	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
/ () service) // 6 // e	Mr Geo Schrenker 8327 B	elair Rd
18. MEDICAL CER	RTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	INTERVAL BETWEEN ONSET AND DEATH
22114	u eumoria.	30000
20 7 Immediate cause (a)		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	askrio relevoi	240
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
10 1 t	- 13 Leht 12 d	
	19 J, to 19 J, that I last sa	w the deceased
alive on sept /2 19 J, and that death occurred at		ted above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stry.	AC MULLIN	4+17.17
ATW. OVERL		721 10 00
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	(State)
Burial 1/16/3 3/ 137 Joseph	phs Cen Bal	+0 Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. 9/15/5 5 \\ MX + Umment	Lassahu Funeral Home 7401	Belain Rd

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The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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Dr. Marilan

BUREAU V. E.

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FRED A. COLE, 1913 W. BALTIMORE STREET

BALTIMORE, MARYLAND

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REGISTRAR

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1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: BALTIMORE COUNTY MARYLAND MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) 22 Mo. OR TOWN FORT HOWARD TOWN BALTIMORE HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESSETERANS ADMINISTRATION HOSPITAL 2139 VINE STREET 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF GEORGE J. SELLMAN (Type or Print) DEATH SEPTEMBER 6 19 55 5. SEX: COLOR OR 17. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR RACE: WIDOWED, DIVORCED Months (Specify): MARRIED Min. MALE 66 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS work done during most of working life, even if retired): LABORER OR INDUSTRY: COUNTRY? BALTIMORE, MARYLAND U. S. A. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME JACOB SELLMAN HELEN Turnbull 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SDCIAL SECURITY NO 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give war or dates 191 5 CLIN.REC.VET.ADM.HOSP.,FT.HOWARD,MD. of service) www 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ACUTE CHOLECYSTITIS WITH PERFORATION AND IMMEDIATE CAUSE KKKXXP EPIGASTRIC ABSCESS 10 DAYS ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING LEFT MYOCARDIAL INFARCT UNKNOWN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. RHEUMATIC ARTHRITIS 19A. DATE OF OPERATION: 198. MAJOR FINDINGS 20. AUTOPSY? YES NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while OF INJURY at work at work 22. I hereby certify that attended the deceased from SEPT...5, 19.55 to SEPT...6.., 19.55, Photographic deceased M. D. TAH. FORT HOWARD MARYLAND 9-7-55 HIM B. VANDEGRIO 23. BURIAL, CREMATION. REMOVAL (SPECIFY) 9-10-55 BALTIMORE CEMETERY BALTIMORE, MARYLAND DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08488

CERTIFICAT	E OF DE	ATH

THECATE	OF DEATH	Reg. Dist. No.
ARYLAND	2. USUAL RESIDENCE (HOP	COUNTY Pr. GRO.
(in this place)	CITY(If outside corporate iir	nits, write RURAL and give nearest town) Heishts 16-36-2 rural give location)
State	STREET (II	rural give location)

52	OR and give ne	TONSUILL	(in the	his place)
14	HOSPITAL OR INSTITUTION OR STREET ADDRESS		Srove Sti bital	ate
3.	NAME OF DECEASED:	(First)	(Middle)	C I

(Type or Print) COLOR OR | 7. SINGLE, MARRIED, 5. SEX: 8. RACE: WIDOWED, DIVORCED, (Specify):

6-10A. USUAL OCCUPATION (Give kind of) KIND OF BUSINESS 108 work done duning most of working life, even if retired OUSEWIFE OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRYT 14. MOTHER'S MAIDEN NAME:

DEATH:

9. AGE last birthday!

AB	DECEASED	EVER	IN	U.S.	ARMED					SECUR		
						U	Λ	N	No	w	~	,

DATE OF

UNKNOWN

(Month)

Monthal

(Dav)

Days

(Year)

195

Hours

INTERVAL BETWEEN

ONSET AND DEATH

18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE ANTECEDENT CAUSE (8)

(Yes, no, or unk.) (If Yes, give war or dates

of service)

I. PLACE OF DEATH:

13. FATHER'S NAME

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19AL DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)

21c. WHERE DID (City or town) (County) (State)

or county

21D. TIME (Month) (Day) (Year) 21E INJURY OCCURRED (Hour) Not while OF INJURY

at work at work

21F. HOW DID INJURY OCCUR?

2 6. 19 55 to 9-21;19 that I last saw the deceased 22. I hereby certify that I attended the deceased from

and that death occurred at 2:00 An, from the causes and on the date stated above. DATE SIGNED

CREMATION. LOCATION (City. REMATORY

DATE, REC'D BY LOCAL REGISTRAR'S REGISTRAR

LANCE CONTRACTOR CONTRACTOR OF THE PROPERTY OF THE PARTY CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE

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STATE OF STA

8482 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08489

CERTIFICATE	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) STOWN COUNTY Baltimore MARYLAND LENGTH OF STAY (in this place)	STATE Md. COUNTY Baltimore CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsvelle 52
HOSPITAL OR INSTITUTION OR 52 Wade Ave.	STREET (If rural give location) 52 Wade Ave.
DECEASED: (Type or Print) Alberta R Smit	DEATH: 19
F WIDOWED DIVORCED. July 1	OF BIRTH: 9. AGE last birthday F UNDER 1 YEAR 1 UNDER 14 HRe. 15 1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager Manager Apt, House	Calvert County, Md.
Sterling Smith	14. MOTHER'S MAIDEN NAME: Eliza
(Yes, no, or unk.) (If Yes, give war or dates of service) 129-12-9074	17. INFORMANT & ADDRESS: Ethel Dorie 52 Wade Ave.
18. MEDICAL CERTIFICATI	ION INTERVAL BETWEEN
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- UNSCOLAR DISCASE.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY	21F. HOW DID INJURY OCCUR?
alive on, 1907, and that death occurred at SIGNATURE M. 23. EXPLAL. CREMATION. DATE THEREOF NAME OF CEMETE	2. 19 7, 19 7, that I last saw the deceased 2. 16 M, from the causes and on the date stated above. ADDRESS DATE SIGNED ERY OR CREMATORY LOCATION (City, town, or county) (State)
Date Record By Local Registrar's Signature Registrary 16. 1958	Bal timore Md. 244 FRERAL DIRECTOR OOK Suc 1317 St. Paul Sh

PLEASE TYPE

Supply every item of information carefully. The

OR WRITE PLAINLY, WITH UNFADING INK.

of the control of the A MARKETON THE SERVED FOR LIST GASACTER VESSELECTED TENTON IN THE STOREST ASSESSED. Control of the Contro THE PARTY OF THE PROPERTY OF THE PARTY OF TH AND THE PROPERTY OF THE PROPER

QAS3 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

JOHNSENERAL HOMERSS 901 HOLLINS STREET, BALTIMORE 23, MD.

	Ë	CERTIFICATE OF DEATH Reg. Dist.	No. 4
)	fully bly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	
oraș,	tion carefully.	COUNTY BALTIMORE MARYLAND STATE MARYLAND COUNTY CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN FORT HOWARD MARYLAND STATE MARYLAND COUNTY CITY(If outside corporate limits, write RURAL and OR TOWN BALTIMORE	d give nearest town
	item of information of death clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESSIZ WEST CAMDEN STREET STREET ADDRESSIZ WEST CAMDEN STREET	1
	em of inf death cl	DECEASED: (Type or Print) ELMER EDWARD SMITH OF DEATH: SEPTEMBER	(Year) 22 1955
		5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED NOWED 10/21/1889 9. AGE last birthday Ir under 1 ye Months Day 1 yes. Months Day 1 yes.	ys Hours Min.
BINDING	Supply every te the causes	work done during most of working life, even if retired to the control of the cont	S. A.
FOR BIN	INK. Sur	FERDINAND SMITH IS. WAS DECEASED EVER IN U.S. ARMEO FORCES! (Yes., no, or upk.) (If Yes, give war or dates of service) WW I 10. SOCIAL SECURITY NO. (17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSPITAL.FT.HO	WARD, MD.
	ADING I	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
SEK	NFAL ians:	IMMEDIATE CAUSE (A) CARCINOMA OF STOMACH ANTECEDENT CAUSE (S)	UNKNOWN
WITH TINE	94	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
	~ 03	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DISEASE OR CONDITION CAUSING DEATH. PULMONARY EMPHYSEMA	UNKNOWN UNKNOWN
	4	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	田 . 5	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County of INJURY Street) County OCCUR?	(State)
	R WRIT	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work	
	Ol ge	22. I hereby certify that I attended the deceased from AUG. 12, 1955, to SEPT. 22, 1955, MANY NAME.	
ARGIN RESERVED	TYPE rect ag	Trouble Troubles	E SIGNED
,	ASE TYI	23. ELRIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	
	67	RIPTAT. 10 /2 8 /5 RATTIMORE NATIONAL CEM. BALTIMORE WARYL	AND

REGISTRAR'S SIGNATURE

REC'D BY LOCAL

THE REPORT OF STREET WATER CONTRACTOR STREET ASSESSED OF THE PROPERTY OF THE PARTY OF THE THE RESERVE TO SERVE THE PERSON NAMED IN The Research Comment of the Comment WC188 WAX SEE 등 시간 등 경기를 받는 것이 되는 것이 없는 것이 되었다. 이 경기를 받는 것이다. the party of the base of the control of the second of the

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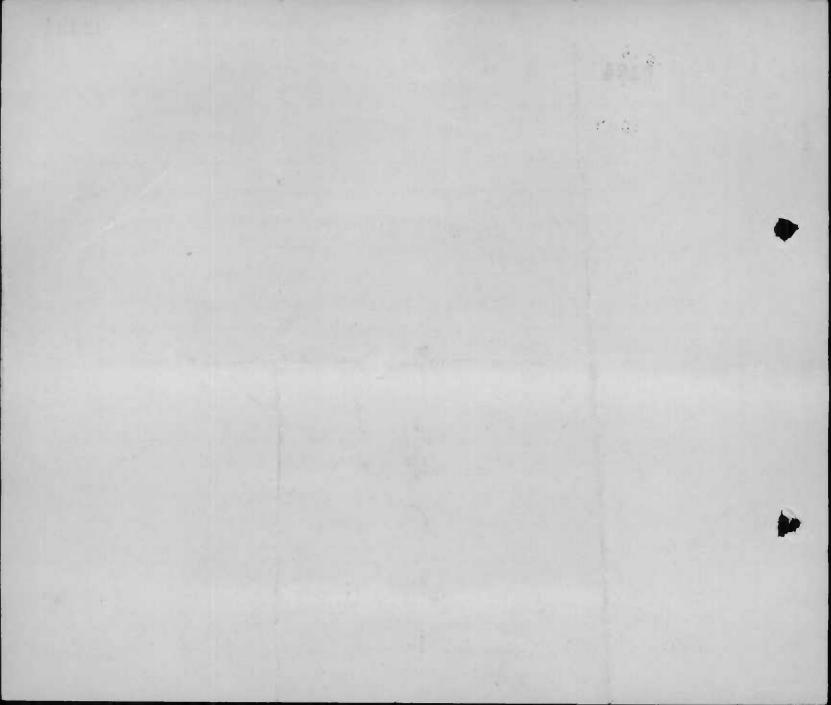
FLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

08491

8484 CERTIFICAT	LE OF DEATH	
FOR MEDICAL	L EXAMINERS Reg. 1	Dist. No
1. PLACE OF DEATH 9209 HVON JOLE AVE COUNTY BO / 1/2014 MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) P37 KVI // (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASE STATE OF LONG CITY (If outside corporate limits, write RURA) OR TOWN Park U.//e	COUNTY Ballimone.
HOSPITAL OR INSTITUTION OR \$209 Avondale Ave	STREET ADDRESS 9209 HVONO	11/1
3. NAME OF DECEASED (First) Charles Signature of Print) CROYGE Charles	MITH SE ADATE (Mg) OF DEATHS (B)	nth) (Day) (Year) Tember 7 1953
5. SEX ale 6. COLOR OR RACE 7. SINGLE, MARKED WIDOWED, DIVORCED, (Specify)	June 20, 1900 55 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or Industry 13. FATHER'S NAME	II. BIRTHPLACE (State or foreign country) NARYLAND 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	EVELYN LEE 17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	ONEIDA SMITH- 9209	AVONDALE RD
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420. Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	. 1	INTERVAL BETWEEN ONSET AND DEATH
stating the underlying cause last (c) U. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		A SO A VITTO DOVA
O CONTROL TO CONTROL OF CONTROL O		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (CO	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes accident suicide to the control of	eased died on the dry stated above, and death	on and from the evidence in my opinion resulted DATE SIGNED
Burney 9/10/55 Parkwo	RY OR GREMATORY LOCATION (City, town	er mt
DATE RECO BY LOCAL REGISTRATES SIGNATURE	Eustin 6. Lorwan - 38	18 Roland Cive



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reg.	Digi	140		

	correct a	OPCA	ERTIFICAT		СН		
	100	8364	FOR MEDICAL	EXAMINERS		Reg. Dist. No.	41
	. The	I. PLACE OF DEATH- COUNTY BACTO.	MARYLAND	2. USUAL RESIDENCE (STATE		COUNTY	BALTO
7	refully.	CITY (If outside corporate limits, write RURAL a SOR give nearest town) HOSPITAL OR	ind LENGTH OF STAY	CITY (If outside corporation of the total of	BLK	(22)	nearest town)
•	n ca	INSTITUTION OR STREET ADDRESS /2 BAYSIDE	DRIVE	ADDRESS 12 B	9751DIE	give location) DRIVE	E. /
	y every item of information carefully the causes of death clearly and legibly.	3. NAME OF DECEASED (First) (Type or Print)	(Middle) WILLIAM	(Last) SMITH, SA	4. DATE OF DEATH	(Month)	(Day) (Year)
•	info th cl	MALE. 6. COLOR OR RACE 7.	SINGLE, MARRIED, VIDOWED, DIVORCED, (Specify)	MAR. 22, 1890	9. AGE last bir	thday If under I Months	year If under 24 hrs. Days Hours Min.
ING	m of f dea	10a. USUAL OCCUPATION (Give kind of work 101	NO OF BUSINESS OR STUDENTS	11. BIRTHPLACE (State	or foreign country		CITIZEN OF WHAT
ONI	r ite	13. FATHER'S NAME	TAMES OF THE STATE	14. MOTHER'S MAIDEN	NAME	4 . 7	
FOR BINDING	every e cau	15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yee, no, of unknown) (If yee, give war or dates of	6. SOCIAL SECURITY No.	17. INFORMANT	3077		
	ply e th	Iservice)	13-03-919-2 18. MEDICAL CER	HINNA L. SI	nith, SR	- WIDOI	N
VED	Suppl write	I. DISEASES OR CONDITIONS DIRECTLY LEA	DING TO DEATH	0	24.24		INTERVAL BETWEEN ONSET AND DEATH
SER	NK.	1 Immediate cause (a)	sommy a	Clus	· se	**** **** *****	voca 60 00 00 00 00000000 approximately ninth.
MARGIN RESERVED	UNFADING INK. t. Physicians: please	Antecedent cause(s) Diseases or conditions, if eny, giving rise to the above cause stating the underlying cause last	<i>t</i> - <i>j</i>	<i>b</i>	110001000 · diminoso : 110101010000		v6 gg 11 gg - gg 101 am 810 am 20 am 20 810 10 10 10 10 10 10 10 10 10 10 10 10 1
ARG	AD	(e) e (ypullusion	i Cardis	Vasu	elas D	11000
Z	UNE F	 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 	/ /				
	TH	19a. DATE OF OPERATION 19b. MAJOR FINE	DINGS OF OPERATION				20. AUTOPSY?
	WITH	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OCCAUSE OF DEATH.	(Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	(STATE)
	PLAINLY, s especially i	TIME (Month) (Day) (Year) (Hour) IN. OF Wh	JURY OCCURRED offe at Not while ork at work	HOW DID INJURY OC	CCUR?		
	PLA	22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or In	described above, held an A	utopsy , Inspection	Inquiry	thereon and fr	rom the evidence
	四	from: natural causes accident , s	suicide , homicide , (Degree or title)	undetermined .	eu aosee, ana	aeun in my o	DATE SIGNED
	WRIT	181 Davis mis	Lillomed. S.	aure - Di	inta	2-12 M	1-9/6/17
PSA.	ASE	23. BURIAL, CREMATION DATE THEREOF HOMOVAL (Specify) SEVE 8, 195	NAME OF CEMETER	RY OR CREMATORY	LOCATION (CIT	y, town, or county	(State)
3. A15A	PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIG	NATURE SM-	21. FUNERAL DIRECTO	OR 11	10.	ADDRESS

BUREAU V. E

SEP 9 1966

SEP 1966

8435

CERTIFICATE OF DEATH

Reg. Dist. No.

08.30	OMITTION 1.	E OF DEA	Reg.	Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:
COUNTY BALTIMORE	MARYLAND	STATE MARYI		
CITY (if outside corporate limits, write l	RURAL LENGTH OF STAY	CITY(If outside	corporate limits, write RUR	AL and give nearest town)
TOWN FORT HOWARD	17 Hrs . 10 M	OR		3/01-4
HOSPITAL OR		STREET	(If rural give loca	tion)
50 STREET ADDRESTERANS ADMINI	STRATION HOSPITA	4 1865	N. GAY STREET	V
3. NAME OF (First) DECEASED: (Type or Print) JOHN	(Middle) S	(Last) MITH	4. DATE (Month) OF SEPTEM	BER 6 (Yeer)
PACE: WIDOW	ED DIVORCED	OF BIRTH:	AGE last birthday IF UND	ER I YEAR IF UNDER 24 HRB.
Male White (Specify)	arried 5-18-	91	64 yrs. Month	s Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10 work done during most of working life.)	B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE	State or foreign country):	12. CITIZEN OF WHAT
even if retired : CAB DRVER	OK INDOSTRI.	BALTIMORE, MA	RYLAND	U.S. A.
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
WILLIAM F. SMITH		ANNIE FRANK		
15. WAS DECEASED EVER IN U.S. ARMED FORCEO?	16. SOCIAL SECURITY NO.	17. INFORMANT 8		
YES (if Yes, give war or dates of service) WW I	217 01 0655	CLIN.REC.VET	ADM.HOSP.,FT.H	OWARD, MD.
I DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CERTIFICA	TION		INTERVAL BETWEEN
5 11 1 0	LEADING TO DEATH			ONSET AND DEATH
IMMEDIATE CAUSE	(A) BLEEDING D	UODENAL ULCER		24 HRS.
ANTECEDENT CAUSE (S)	DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)			
	(C)			
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO	THE CAPONIC	S OF LIVER - N	ODERATE (TREM	ENS UNKNOWN
DISEASE OR CONDITION CAUSING D	FINDINGS OF OPERATIO	MATOOUOTICM MAIN	IFESTED BY DELI	KIUMI 40 YEARS
9-6-55 Subtotal of liver.	Gastrectony - 11	ndings duodena	l ulcer, cirrhos	18 20. AUTOPSY?
A-0-55 OT TIVEL.	Left Thoracot B. PLACE (Home, farm, face	Omy •		The Later of the L
(IF EITHER, NOTIFY MEDICAL EXAMINER)	- INJURY street, office bldg.	etc. INJURY OCCUP	17	County) (Stote)
210. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work			
22. I hereby certify that attended th	e deceased from SEPT	5. 1955 toSEP	T. 6 1955 XXXXX	000000000000000000000000000000000000000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	hat death occurred at	D	e causes and on the da	
JOHN A. SURMONTE, M.D.	furmonts			
23. BURIAL, CREMATION, DATE THERE	OF NAME OF CEMET	ERY OR CREMATORY	HOWARD, MARYLANI	n, or county) (State)
BURIAL (SPECIFY) 9-9-5	5 BALTIMORE N	ATTONAL.	BALTIMORE, I	
	SIGNATURE V	JOHN CERMIL	LER, INC. 2435 H	
	1-9100-00	BALTIMORE,	W	

VS. A15 — 10 - 53 MAPLEASE TYPE OR WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

UNFADING INK.

WITH

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A15 — 1(

MARYLAND STATE DEPARTMENT	NT OF HEALTH—BALTIMORE, 18 08494
CERTIFICAT	E OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTO. MARYLAND	STATE MA COUNTY BALTO
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and rive nearest town) (in this place)	OR (1) 7 - 1 - 1
STOWN CATONSVILLE LIFE	TOWN CHTONSVILLE 29 52
DISTREET ADDRESS 550 V OLD FREDK.	STREET (If rural give location) ADDRESS 550 V OND FREDKO Rd.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) PNNA M. SPR	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 9/5/5/19
5. SEX: 6. COLOR OR 7, SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, (Specify)	9. AGE last birthday WUNDER 1 YEAR HOURS 24 HRS. 22/79 Wonths Days Hours Min.
OA. USUAL OCCUPATION (Give Kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
CHARLES CAABER	STERNER
S. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
of service)	INM. M. GRABER
18. MEDICAL CERTIFICAL DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
331X Ceret	
DUE TO	(111-5/1-17
DISEASES OR CONDITIONS, IF ANY. (B)	River astrono Jelerous 4 hrs
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	100
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
OISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON 20 AUTORSY
0	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While While at work at work	21F. HOW OID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-	2, 1955, to 9-15, 1955 that I last saw the deceased
alive on 9-15, 195 and that death occurred a	()300
- Marine Marine - DI	M.D. Catous Delle 9-16
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEME	M. D.
BURIAL (SPECIFY) 9/19/55 (COOP S)	HETHERD HOWARD PO.
DATE REC'O BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/18/50 10 . (6. 17000)	SYLLE STOWN A DON

BUREAU V. S

SEP 19 1955

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

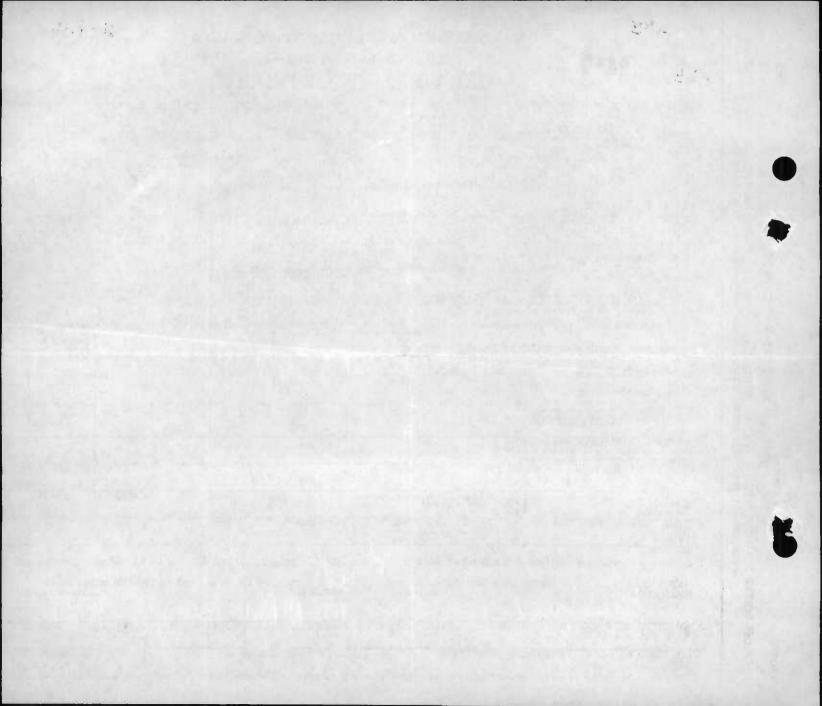
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

>

08495

1. PLACE OF CEATH. COUNTY REAL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Y
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (IL outside corporate limits, write RURAL and giv	ve nearest town)
HOSPITAL OR	TOWN Dallimore	VO1-4-1
90 INSTITUTION OR JANA DISE NUMBERS JANA DISE NUMBERS JANA DISE NUMBERS	ADDRESS 932 N (Herital give legation)	as Ph Ave
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Ray) (Year)
5. SEX 6. COLOR OF RACE V. SINGLE, MARKIED WIDOWED, DINORCED	6. DATE OF BIRTH 9. AGE last billiday M under Months	1 year If under 24 hrs Days Hours Min.
(Specify) July	DEX-24/18/13/ 81 ym.U	
don Juring of working life, even if retired) 10b. Kind of Busines of Country of Working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, givewar or dates of	WY. INFORMANT AND ADDRESS	0 00 0
	Unia J. Stallman 1932 1. Jat	Denag Ph los
18. MEDICAL CI	ERTIFICATION	INTERV BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 1 1	ONSET AND DEATE
Immediate cause (a) MY (M) shuth C	and Varry V 11 min	ayy 3 m.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
A COLD TAYER AND A 16-12 A DELACE AND A 16-12 A DELACE AND A 16-12 A DELACE AND A D		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
1/2-1	W nSA	
22. I hereby certify that I attended the deceased from	19.35, to	aw the deceased
alive on	ADDRESS AAA AAA	ated above. DATE SIGNED
Willy Mynn	1513 N. Markin and	5 mm
THEMOVAL (Sherify)	ERY OH CREMATORY DOCATION (City, town, count	ty) (State)
DATE RECO BY LOCAL RECISPRAR'S, SIGNATURE	24 FUNDERAL DIRECTOR	ADDRESS
Sept 15- 1958 Clell Hedrick	Joky (Nully Luc- 2431 & O)	towns



BUREAU V. S.

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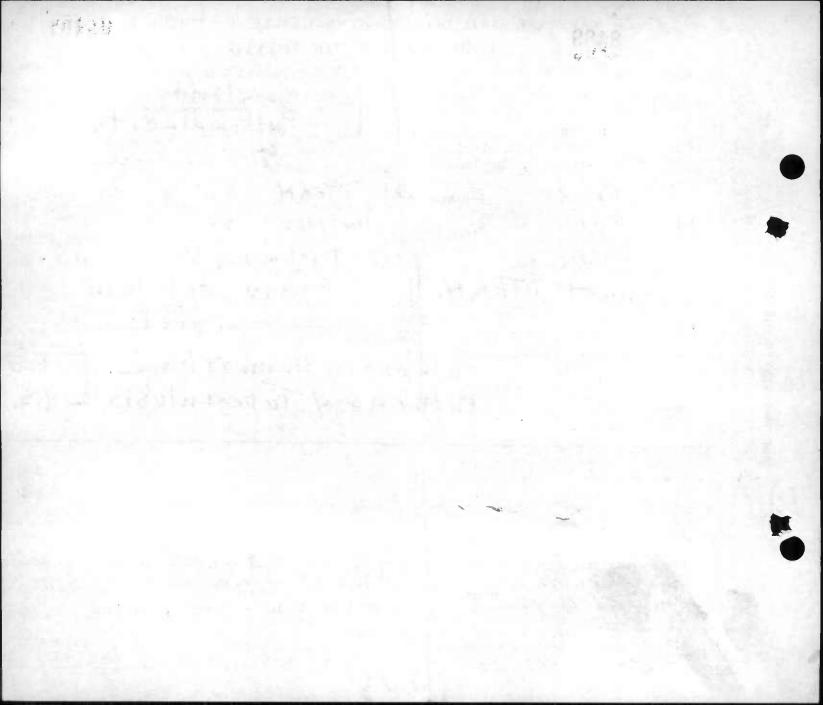
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore MARYLAND	STATE MAY LANG. COUNT	Y
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Rural: Towson	CITY As outside corporate limits, write RURAL and OR TOWN 0411 MOYAC T	give nearest town) (3V01.4
/ INSTITUTION OR Eudowood Sanatorium Towson 4, Maryland	ADDRESS 407 Va Que	- V
3. NAME OF DECEASED: (First) OF DECEASED: (Type or Print) Robest Emmanue	STERN 4. DATE (Month) (Day) OF DEATH: 9 21	(Year)
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): 5 in G (e) 8. DATE	OF BIRTH: 9. AGE last birthday: If UNDER 1 YEAR OF Months Day	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Saluturu	R II BIRTHPLACE (State or foreign country): 12. CC	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Damuel DIEKN.	Frany Gelpiun	1
(Ver ab an unit) I (16 Ver aims man an detan of	. INFORMANT & ADDRESS: Personal Hist	- 0
(No service)	Hospital Records, Eudowood Sanat	orium
18. MEDICAL CERTIFICAT		Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ary Hemorrhage	Onset And Death
Immediate cause		24.00
Antecedent causes (s) Diseases or conditions, if any, (b)	ary lubereulosis	20415.
giving rise to the above cause stating the underlying cause last. DUE TO		
stating the underlying tause last.		MAN TO A STATE OF
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (ST	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
1NJURY m. Work At Work	M do Aut no Co	43 - 3
22. I hereby certify that I attended the deceased from	1,1940, to (16), 1959, that I last s	
alive on 1, 1952, and that death occurred at (Degree or title)	0.10 PM, from the causes and on the date s	tated above. TE SIGNED
	od Sanatorium - Towson L. Maryland	
23. BÜRIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or rou	nty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Park Louis In 2100 Entan	ADDRESS
The factor	The same of the	
2) 22 2	U	



8490 CERTIFICATI	E OF DEATH Reg. Dist.	No. (
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL (in this place) TOWN FORT HOWARD LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL at OR TOWN BALTIMORE	3 VO 1-4
HOSPITAL OR INSTITUTION OR SO STREET ADDRESTETERANS ADMINISTRATION HOSPITA	STREET (If rural give location)	, /
3. NAME OF (First) (Middle) BECEASED: (Type or Print) WILLIAM A. STUBB	(Last) 4. DATE (Month) (D	Oay) (Year)
	OF BIRTH: 9. AGE last birthday IF UNDER I Y	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	· S · A ·
BRENTON STUBBINS	CATHERINE DUTROW	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW I 213-09-6021	CLIN.REC. VET.ADM.HOSP.,FT.HOW	(ARD, MD.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE ANTECEDENT CAUSE (S) CARCINOMA OF	LUNG	UNKNOWN
DISEASES OR CONDITIONS, IF ANY. (B)		
STATING UNDERLYING CAUSE LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 1F. HOW DID INJURY OCCUR?	
22. I hereby certify that X attended the deceased from SEPT.	4 , 19 55 to SEPT 22, 155 XXXXXXXX	SHANDORN CHEST SERVICE
	3:05A M, from the causes and on the date s	
FRANCIS G. DICKEY, M.D., Chief, Medical Server 23. BRIAL, CREMATION. DATE THEREOF NAME OF CEMET BURIAL (SPECIFY) 9/2/6/5-5-BALTIMORE N		
1/ 10/00	ATIONAL CEM. BALTIMORE, MARY	
DA REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. PLEASE TYPE

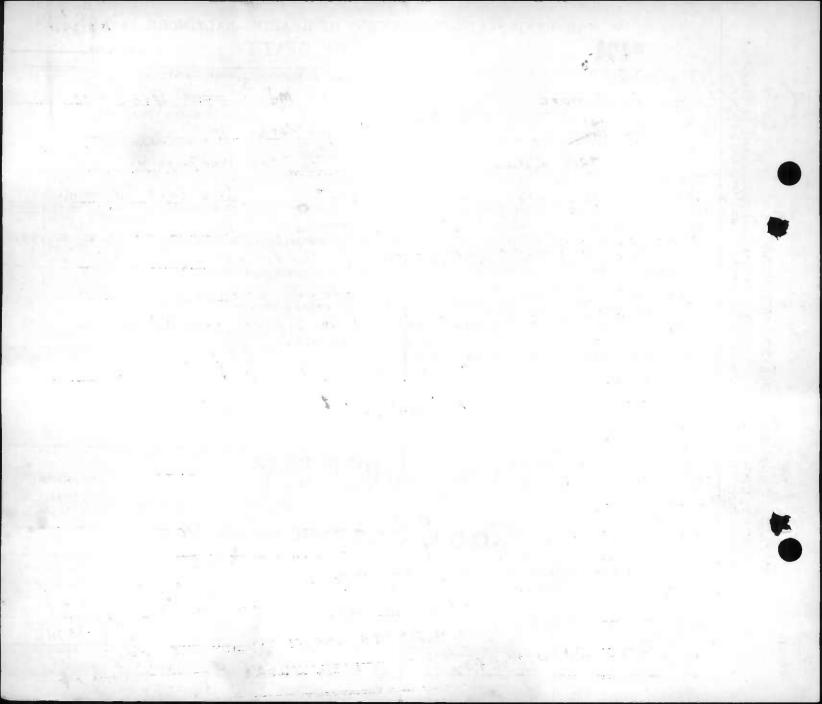
A15.

CONSTRUCTION OF THE SEASON OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	08499
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8491 CERTIFICATE OF DEATH

8491 CERTIFICAT	E OF DEATH Reg. Dist	. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
But.	STATE Md COUNTY BALTI	
COUNTY DALTIMOTE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY		
OR and give nearest town) (in this place)	OP (If outside corporate limits, write KUKAL at	d give nearest town)
HOSPITAL OR	TOWN FARKUI //e	X
INSTITUTION OR STREET ADDRESS 7844 Westmore and Ave	ADDRESS 7844 Westmore land	Are
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	
DECEASED: (Type or Print) ELIZAbeth May Suc	AND DEATH: SOPT 5	19 5 5
5. SEX: 6. COLOR OR 7. SINGLE, MARRIÉD, 8. DATI	E OF BIRTH: 9. AGE last birthday: IF UNDER	
Female White (Specify): Married May		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS (OR II. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
work done during most of working life, even if retired): Clerk Office Work	PENNSY/YANIA	USA
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Robert Zellers	Helen WAGNES	
	7. INFORMANT & ADDRESS:	
(Ves no or unk) (If Ves give wer or dates of	S. Victor Sudano 7844 Westmor	0/0.1 1/0
	CERTIFICATION	CIANA AFE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause Antecedent cause(s) Diseases or conditions if any (b)	lung-Bilduel + libs	ONSET AND DEATH
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	:	20. AUTOPSY?
U		Yes No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, streed of office bldg., etc.) HOMICIDE INJURY	et. (CFTY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M. work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
alive on		te stated above. pate signed
Tagreger C. 18sh M.W.	6800 - york Ka-1200001212	MA 9/6/50
THE CALL OF THE CO. 14	ERY OR CREMATORY LOCATION (City, town, or	
REMOVAL (Specify): Sept 7, 1955 More/And	Memorial Parkville	Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 FUNERAL DIRECTOR	ADDRESS



8492

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No.... 7815 Birmingham 2. USUAL RESIDENCE (HOME) OF DECEASED. I. PLACE OF DEATH. Avenue COUNTY Baltimore STATE COUNTY Baltimore Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) give nearest town) Baltimore TOWN TOWN STREET (If rural, give location) HOSPITAL OR INSTITUTION OR STREET ADDRESS ADDRESS Birmingham Avenue 4. DATE (Month) 3. NAME OF (First) (Middle) (Last) (Day) (Year) DECEASED Margaret Taylor Sent. 2 1955 A. DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIGOW 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday If under I year |If under 24 hrs. Months Days Hours | Min. Female Whate Feb. 14.1867 (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDISTRY Chance Maryland 13. FATHER'S NAME 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 220-07-4154B Edward J. Taylor 7815 Birmingham Ave. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 450.0 Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [] No [PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (Specify) (STATE) 21. ACCIDENT HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not Whllo Work At work INJURY 191), that I last saw the deceasedm., from the causes and on the date stated above. and that death occurred at alive on.... (Degree or title) DATE SIGNED SIGNATURE Tal LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 23. BURIAL, CREMATION REMOVAL (Specify) Baltimore. Baltimore Cemetery 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6009 Harford Road Wm Cook - Blight Inc.

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correct

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of information carefully death clearly and legibly. every item Supply ev MARGIN RESERVED INK. UNFADING 1 nt. Physicians:

PLAINLY, WITH is especially importan

WRITE

PLEASE

BUREAU V. S.

SEP 7 1955

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Supply every item of information carefully.

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especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()8501

CERTIFICATE OF DEATH

Reg. Dist. No.

The state of the s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	OR TOWN EDACHDIDG
/ TOILT HOWARD 90 BRID	TOWN FROSTBURG
HOSPITAL OR	STREET (If rural give location)
SOSTREET ADDRESSVETERANS ADMINISTRATION HOSPIT	AL ADDRESS V
	(Last) 4. DATE (Month) (Day) (Year)
CRAWFORD V. THAW	TLEY DEATH SEPTEMBER 26 19 55
	THE THE STATE OF STAT
MALE WHITE WIDOWED, DIVORCED, (Specify): MARRIED 7/17	
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
even if retired): SOLDIER ARMY	HARRINGTON, DELAWARE U.S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
FRANK W. THAWLEY	ELIZA CAIN
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
YES no, or unk.) (If Yes, give war or dates of WWice) WW I Unknown	CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
451X DIFFERENCE OF	ABDOMINAL ANEURYSM SUDDEN
11111112111112	ABDOMINAL ANEURYSM SUDDEN
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	YES X NO
The state of the s	
21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, fact) OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
OF INJURY M. at work at work	
22. I hereby certify that attended the deceased from AUG.	27. 1955 . to SEPT . 26. 19 55 *********************************
^	
XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADDRESS DATE SIGNED
	D.VAH, FORT HOWARD, MARYLAND 9-26-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL 9/29/55 BALTIMORE NA	ATTONAL BALTIMORE, MARYLAND
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
REGISTRARY 27/57 A. M. Hedrich	WM. FYNERAL CREEKT & SONS, NORTH & PENNA. AVES BALTIMORE, MD.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8365

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	Y & OL TO
BALTO. MARYLAND	/1(0	DACIOI
CITY (If outside corporate limits, write RURAL and Cin this place) S OR give nearest town)	CITY (If outside corporate limits, write RURAL and give OR TOWN DUNDALK (22)	ve nearest town)
HOSPITAL OR TO BELCLARE Rd.	STREET (If rural, give location) ADDRESS 7020 BELCLARE	Rd.
3. NAME OF (First) (Middle)	(Last) 14. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) SWIFT EMPLE	THOMPSON OF DEATH 9-	19, 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, OF SERVICE OF	8. DATE OF BIRTH 9. AGE last birthday If under Months	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	N. CAROLINA	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GRADY THOMPSON	MITTLE BRONN.	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) service)	17. INFORMANT AND ADDRESS LOVISE A. THOMPSON - 5.	ma &
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
		CHEST AND DEATE
Immediate cause (a) MKON.C Myo	earditis	19n.
Antecedent cause(s) Diseases or conditions, if any, (b) Consumy Oc	elusin;	3 Mos
giving rise to the above cause stating the underlying cause last		,
(260X) (e)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	mulitis:	hor Kom
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No Z
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office-bldg, etc.)	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work Av work	Λ	
22. I hereby sprify that I attended the deceased from June 5	195 J, to 19719, 19 Jd, that I last s	aw the deceased
alive on final in the same that death occurred at	2.13 Am., from the causes and on the date st	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
101/20 aus mh	Dundark 22 Md.	1/20/55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun BALTO. Co. A	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1 10 10 10 10 10 10 10 10 10 10 10 10 1	24. FUNERAL DIRECTOR	ADDRESS
Ment 1-1757 William 11, Kelly	My Come Course I have	alach, Will

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDIN MARGIN RESERVED

820

The correct

VS. A15

SEP 25 150

BUREAU V. S.

The state of the state of

1. PLACE OF DEATH:

2. USUAL RESIDENCE (HOME) OF DECEASED:

08503

RESERVED FOR BINDING

ARGIN

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

legi	county baltimore M	ARYLAND	stateMaryl	and county Balt	imore
1 1	CITY (If outside corporate limits, write RURAL)	LENGTH OF STAY	CITY(If outside c	orporate limits, write RURAL	
and	X OR and give nearest town) Mariottsville	(in this place)	OK	ottsville	X
	HOSPITAL OR Ward's Chapel	Road	STREET ADDRESS W.S.	ird's Chapel Ro	
death clearly	3. NAME OF (First) (Middl DECEASED: (Type or Print) Madge Harry	Tin	Last) kler	05 ()	Dhy) (Year) 23 1955
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVO (Specify) (A P P	ied Aug 5	1888	O (yrs.	YEAR IF UNDER 24 HRE. Days Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWITE	OF BUSINESS	Marylan	state or foreign country): 12.	CITIZEN OF WHAT
te the	13. FATHER'S NAME: John Harry		14. MOTHER'S MA Sugan Ba		
write		AL SECURITY NO.	17. INFORMANT &	ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	d lost	John Tinkl	er Randallstown	n Md
eas			ON		INTERVAL BETWEEN
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			1	ONSET AND DEATH	
203		Caron	any Things	miloses	1/2/1/1
an	DUE TO	7	1,000	mires	1/2 10-
Sici	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)	andis or	Tacular	11:0000	
Physicians	GIVING RISE TO THE ABOVE CAUSE	William 1-14	wana	Newass	
	260 K				
ant	II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING / /			
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Violetia	GIANNA METAN		
up	19A. DATE OF OPERATION: 19B. MAJOR FINDING	S OF OPERATION			
	0				YES NO
all	21A. ACCIDENT WAS UNDERLYING 21B. PLACE	E (Home, farm, facto	Pry. 21c. WHERE DI	D (City or town) (Count	ty) (State)
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY	street, office bldg.,	etc. INJURY OCCUR		(5000)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E IN While at work	JURY OCCURRED Not while at work	21F, HOW DID IN	JURY OCCUR?	
90	22. I hereby certify that I attended the deceas	sed from	195 4 to 9/	2.3/ 1925, that I last	saw the deceased
correct ag				e causes and on the date	
cor	REMOVAL (SPECIFY)	NAME OF CEMETE	D. Caudal RY OR CREMATORY	LOCATION (City, town, or	9/23/50 county) (State)
		Deer Park		Reisterstown	Md
	REGISTRAR 23/55 Vm 2, Va	rly	WM Berryma	n & Sons Reiste	ADDRESS erstown Md

BUREAU V.

SEP 30 1955

OBJANIE SECTION AND SECTION AN

COUNTY

(Day)

Days

(Year)

Hours

12. CITIZEN OF

COUNTRY?

5

19 5

Interval Between

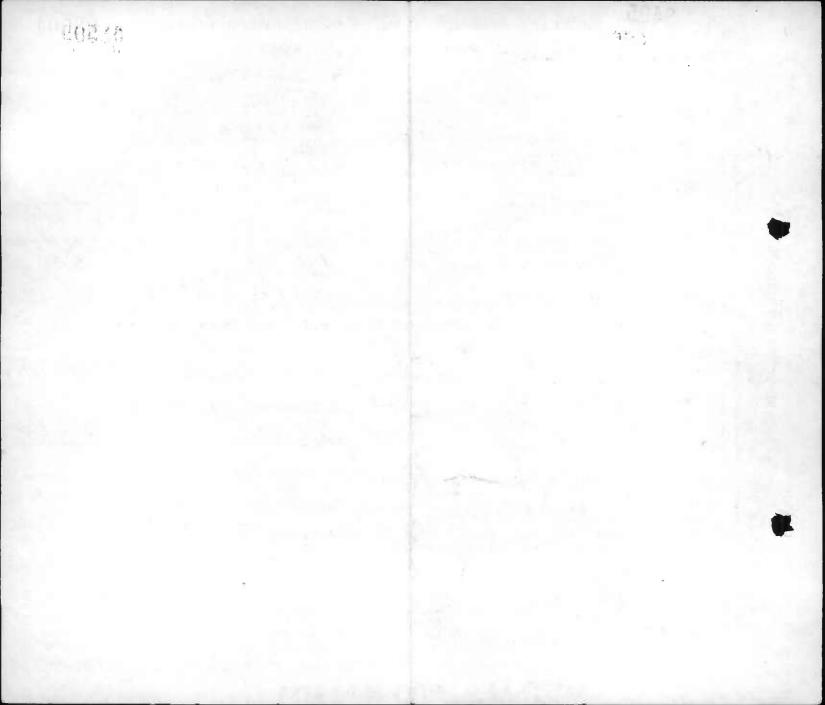
Onset And Death

20. AUTOPSY ? Yes No

(STATE)

DATE SIGNED

WHAT



VS. A15 -- 10 - 53

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	2505
	8496 Item 7, Film 6187 10-3-55 et CERTIFICATE OF DEATH Reg. Dist	No. 3.8
ibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH:	Tt. in D
and legibly	COUNTY MULLICE MARYLAND STATE COUNTY DA COUNTY	nd give nearest town)
clearly a	HOSPITAL OR JOUNG CONVOLLENT HOME STREET ADDRESS 30 11 Chald Canadar Street ADDRESS 30	1
death cl	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: (Type or Print) (Aslton (Middle) (DEATH:)	Day) (Year)
of	RACE WIDOWED, DIVORCED. 0 14 10745 7C Months D	Pays Hours Min.
the causes	10A. USUAL OCCUPATION Give kind of (10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. work done distributions of working life. OR INDUSTRY: even it betieves: The state of the s	CITIZEN OF WHAT
	James W. Vance Martha Wils	2000
please write	(Yes, no, or unk.) If Yes, give war or dates of service) 16. Social Security No. 17. INFORMANT & ADDRESS:	Theslerfield in
pleas	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL DETWEEN
	IMMEDIATE CAUSE (A) Myscarding failury	3 dags
Physicians:	DISEASES OR CONDITIONS, IF ANY. (B)	Worlds
	STATING UNDERLYING CAUSE LAST. (C) CD CD CD CD CD CD CD CD CD	2 month
important.	TY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ty) (State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
age i	22. I hereby certify that I attended the deceased from 9 - 23, 195, to 9 - 6, 195 that I last	
correct &	alive on 7 19 and that death occurred at 2 M, from the causes and on the date SIGNATURE DAY M. D. 3625 Pelay DA	stated above. re signed
cor	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL (SPECIFY)	County) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR REGI	appress and.

BUREAU V. A.

SEP 30 1955

1 PLACE OF	DEATH:				- 1	9 TIGITAT DEGI	DENCE (HOME) OF DE	CEASED.			
COUNTY	Baltimore outside corporate limi	da	DITOAT	MARYLA		STATE MAI	yland COUNTY	Cecil			
OR and	give nearest town)		RURAL	(in this	place)	OR	ide corporate limits, writ	e RURAL	and give	nearest	town)
HOSPITAL	Owings Mil	TS		15/2	yre.	TOWN NO	orth East	give location	on)	07	X-0
2 STREET A	ON OR DDRESS Rosewo	od Tra	aining	School	i	ADDRESS	(V
8. NAME OF DECEASED	(First)		(Mi	iddle)		(Last)	4. DATE (Mo	onth) (I	ay)	(Year)	
(Type or Pr	int) Warre			lter		Ward	DEATH:		30	19 55	
5. SEX:	6. COLOR OR RACE: white	WIDO	LE, MARR WED, DIV fy): sin	ORCED.	8. DATE 0	ғ віктіі: 4/29	9. AGE last birthds	Months		Hours	Mln.
10a. USUAL work don even if re	OCCUPATION (Give e during most of wor etired):	kind of king life,	10b. KIN	D OF BUS	SINESS OR		CE (State or foreign co		12. CF	TIZEN O UNTRY	FWIIA
13. FATHER'S	NAME:		1		1	14. MOTHER'S M					
Ja	mes Leroy Wa	rd				Irms	Dunlap Ward				
15. WAS DECEA (Yes, no, or un	sed Ever In U.S. Arm k.) (If Yes, give war service)	ED FORCES?	16. SOCIA	L SECURITY	No.: 17.]	NFORMANT &	address:				
	1		1	18 M	EDICAL CE	RTIFICATION			1		
353 Immedia	or conditions of the cause ent cause(s)	(a) DUE TO	Bilate	eral Pr	neumonia	************************	al pneumonitis		07	TERVAL B	DEATH
giving rise	r conditions, if any, e to the above cause derlying cause last	DUE TO	Epiler	•••••••				***************************************		\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10000000000000
11. OTHER S.	GNIFICANT CONDI	TIONS:	ot								
related to	the disease or condition	n causing	death.	S OF OPE	RATION.				1.20	AUTOP	SY?
THE DATE OF	01 2000110111	. MINU OIL	2 211 2111 (3)	. OF OIE					-0.	Yes [
21. ACCIDEN SUICIDE HOMICID	(,	PLA OF INJ	office b	e, farm, fact oldg., etc.)	tory, street,	(CITY OR	rown) (CO	UNTY)	(STAT		
TIME (MOOF INJURY	onth) (Day) (Year)	(Hour)	While a		ile	HOW DID INJ	URY OCCUR?				
SIGNATUI	9/30 , 19 RE G. But		d that de	eath occu	rred at		9/30, 1955 t from the causes and ills yaw.	on the da	Segn	DATE SI	ve.

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BUREAU V. S.

2498

2411 N. Charles Street, Baltimore

	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 38
1. PLACE OF DEATH- COUNTY BALT	O MARYLAND	2. USUAL RESIDENCE (HOME) O	F DECEASED. COUNTY BALIO
CITY (If outside corporate limits, write RU OR give nearest town)	URAL and LENGTH OF STAY	CITY (If outside corporate limits, OR TOWN ARM	write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9732	HARFORD Rd	STREET ADDRESS 9732 (II	tyral, give location) HARFORD RI
3. NAME OF DECEASED (Type or Print) FRANCES	(Middle)	VERNETL 4. DAT	C T 22
5. SEX 6. COLOR OR RACE	WIDOWED, DITEMED, (Specify)	8. DATE OF BIRTH 9. AGE IS 12 -24-1812 83	st birthday If under I year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wood done during most of working life even if retired	rk 10b. KIND OF BUSINESS OR INDUSTRY) THOM &	11. BIRTHPLACE (State or foreign co	Ountry) 12. CITIZEN OF WHAT COUNTRY!
ANTON C D	Roege		Rie KocH
15. Was Deceased Ever In U.S. Armed Ford (Yes, no, or unknown) (If yes, give war or dat service)	ces? 16. Social Security No.	L Robert	9804 HARFORS R
I. DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CI Y LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Reteriordent	ie/kart) seas	~ - 10-15
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Cornary Sel	Evor - Cargo live	· least
(c) II. OTHER SIGNIFICANT CONDITIONS	Dishels 1	nellotis -	- Sous
Conditions contributing to the death but no related to the disease or condition causing d 19a, DATE OF OPERATION 19b. MAJOR	eath.	remoderous	() ()
0	LACE (Home, farm, factory, street,	(CITY OR TOWN)	Yes No (COUNTY) (STATE)
SUICIDE OIL	F office bldg., etc.) NJURY		(COUNTI) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m	While at Not While	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended			3.5, that I last saw the deceased
alive on ent, u.s.,	and that death occurred at	ADDRESS and the causes a	and on the date stated above. DATE SIGNED
Darsedh. Mustz	CMD. 3009 I	Jussey ave Bal	Us 14 My 9/22/5
REMOVAL (Specify) 10-26	1-55 NAME OF CEMETI	redgemen BA	(City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAN	'S SIGNATURE	24. FUNERAL DIRECTOR	XXX2 HAPTERS Rd

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. S.

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Supply every item of information carefully

please write the causes of death clearly and legibly.

especially important. Physicians:

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correct age

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RE, 18 08507 Reg. Dist. No. 38 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8499 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) Y TOWN Parkville, Balto.14 (in this place)	OR TOWN Parkville, Balto.14
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS
70	1730 Wycliffe Rd.
DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Mattle Zina Whi	te DEATH: 9-11-55 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow 12-27-	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 14 HRE. 1882 79 yrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:	COUNTRY?
13. FATHER'S NAME:	Michigan U.S.A.
James Waters	Martha Halstead
15. WAS DECEASED EVER IN U.S. ARMED FORCES: 15. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: Pikesville, 8, Md.
no of service) ?	George R. White, 4525 Old Court Rd.
18. MEDICAL CERTIFICAT	MIERANC BEIMEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.1	onorg entery reclusion 2 hour
IMMEDIATE CAUSE (A) DUE TO	1 nour
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(260X) (c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	bells melleters
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4/15	1053 to 9/11 105 That I 1
SIGNATURE	M, from the causes and on the date stated above. ADDRESS DATE SIGNED D8523 Foch Pare 384
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	
Burial 9-14-55 Druid Ridge	
REGISTRATE SIGNATURE SIGNATURE SIGNATURE	Brooks Funeral Service, Sparks, Md.

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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85^0	CERTIFICAT	E OF DEATH	Reg. Dist.	No. 38
I. PLACE OF DEATH:		2. USUAL RESIDENCE (H	OME.) OF DECEASED:	
COUNTY Baltimore	MARYLAND	STATE and.	COUNTY	
CITY (If outside corporate limits, write) OR and give nearest town)	RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate OR	limits, write RURAL and	d give nearest town)
X TOWN Letherville	2 yes.	TOWN Jael	imore	3VO1-4
HOSPITAL OR INSTITUTION OR College Trans	n Convalescent Hon	STREET ADDRESS /2 B	is hop Ra	
3. NAME OF (First) DECEASED: (Type or Print) Katherine	(Middle) BARNITZ	/	DATE (Month) (Da	
5. SEX: 6. COLOR OR 7. SINGLE	. MARRIED. 8. DATE		st birthday IF UNDER t VE. Months Day	AR IF UNDER 24 HRS.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		11. BIRTHPLACE (State or f	oreign country): 12. C	ITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S MAIDEN N	AME:	0,74.
JUDGE Pere L. Win	ekes	Henrietta +	Velsh	
(Yes, no, or unk.) (If Yes, give war or dates	18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRE	ss:	
of service)	L	HOSPITAL 1	PELDRA	
7	18. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY				ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cer	coral Vascular	accident	16 hours
ANTECEDENT CAUSE (8)	DUE TO		. ,	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) /	Generalized arte	nosclavous	10 zps.
	(C)			
II OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING D	DEATH.			
19a. DATE OF OPERATION: 19a. MAJOR	FINDINGS OF OPERATIO	N		YES NO V
21A. ACCIDENT WAS UNDERLYING 20 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18. PLACE (Home, farm, fac F INJURY street, office bldg.	ttory, 21c. WHERE DID (City etc. INJURY OCCUR?	or town) (County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF TNJURY M.	21E INJURY OCCURRED While Not while at work at work	2 21F. HOW DID INJURY	CCUR?	No Hart
22. I hereby certify that I attended the				
alive on 12 Sep., 1953, and SIGNATURE	Paral	ADDRESS		ated above.
23. BURIAL, CREMATION, DATE THERE		ERY OR CREMATURY LOCA	ATION (City, town, or o	county) (State)
BURIAL SEPTIST	955 Green	MOUNT B	alto Mo	
DATE REC'D BY LOCAL REGISTRAR'S	S SIGNATURE	29. FUNERAL DIRECTOR	Anis 6 49,	ADDRESS CVARAPA

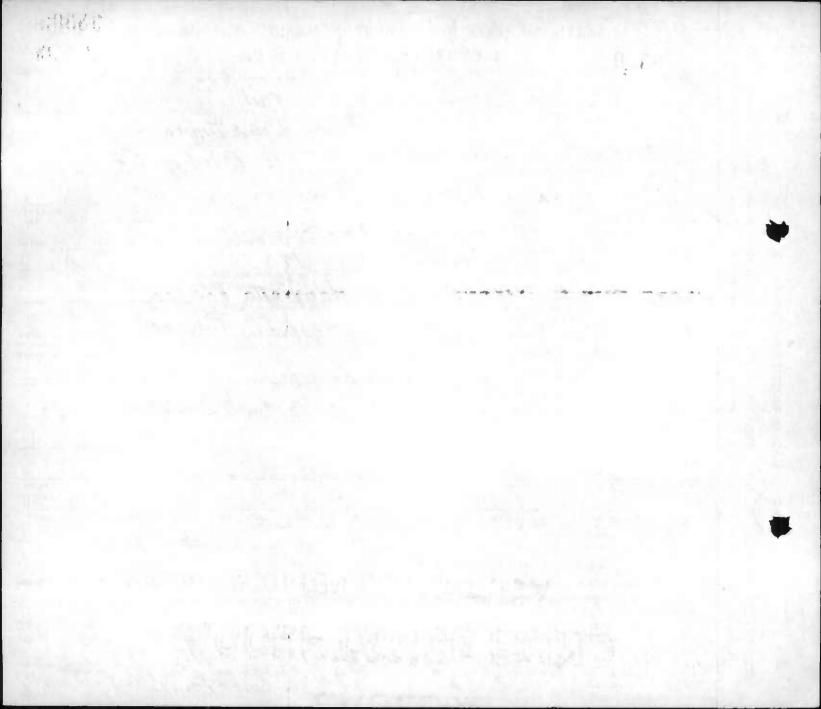
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Hours I

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COUNTRY?

U. S. A.

REGISTRAR'S

SIGNATURE

UNKNOWN UNKNOWN 20. AUTOPSY? NOX (City or town) (County) (State) 21F. HOW DID INJURY OCCUR? (State) BALTIMORE, MARYLAND **ADDRESS** RUCK, 5305 HARFORD ROAD.

EPONTY AND REPORTED TO THE PORT OF THE PARTY A CONTRACTOR OF THE CONTRACTOR manufactures de l'extra l'article de l'estate de l'estate de l'estate de l'estate de l'estate de l'estate de l Replaced the state of the first and the state of the stat THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

8512

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND. MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place) ESSEX ESSEX TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS 406 WOODBINEAVE. WOODBINE AVE. 24 406 3. NAME OF (Middle) 4. DATE (Month) (Day) (First) (Last) (Year) DECEASED SEPT. 12,1955 WILLIAM EDWARD WOOLSTON DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months [Days | Hours | Min. 1.1884 MALE WHITE 10s. USUAL OCCUPATION (Give kind of work dean during most of working life, even if retired). 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OF 12. CITIZEN OF WHAT INDUSTRY GOUNTAY? MARYLAND. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NELLIE WILLIAM WOOLSTON ANDERSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no os unknown) (If yes, give war or dates of 2944a MRS RACHEL L. WOOLSTON SAME. ervice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONHET AND DEATH Carebro- Vascular accident (Humalay)

anterio - Sclerotic disease 33/Ammediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last ension 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? № П PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work 1955 5, to June 12, 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... alive on Sept 12, 1955, and that death occurred at 10 010 NORTH Point RA Bath 24 9/13/53 oris 23. BURIAL, CREMATION BURIAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BALTIMORE MARYLAND. PARKWOOD CEMETERY REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS REG. SANDER & SONS

ion carefully.

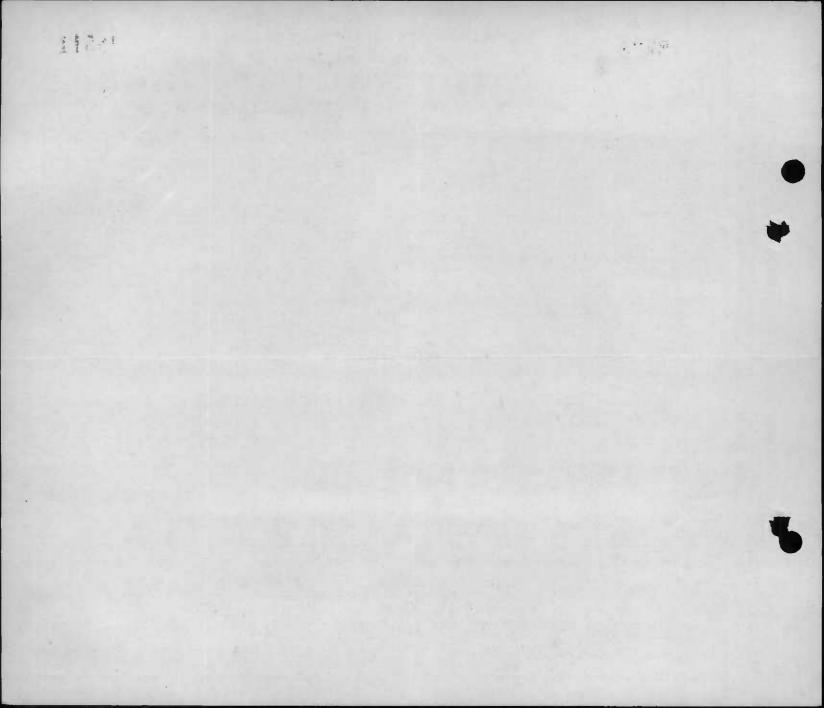
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TYPE OR WRITE

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18
85°3 CERTIFICATE	0.0511
1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED:
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Solutioner 3 VO / 4
9 STREET ADDRESS Massnie Jone	STREET (If rural give location) 2044 Junden Gre
DECEASED: (Type or Print) Mary Clarica H 5., SEX: 6. COLOR OR 7. SINGLE, MARRISD. 8. DATE	OF PIRTH: 9. AGE last birthday UNDER 1 YEAR IF UNDER 24 MRS.
WIDOWED, DIVORCED, (Specify): OA. USUAL OCCUPATION IGIVE kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY: 13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
is. Was Deceased Ever In U.S. Armeo Forces: (Yes, no, or unk.) (If Yes, give war or dates	Margaset Hammond 17 INFORMANT & ADDRESS
of service) 18. MEDICAL CERTIFICAT	Laura M. Schweder
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
IMMEDIATE CAUSE (A) ONTESIO	schrotie Cardio over
ANTECEDENT CAUSE (S)	where Disease 4/e
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	mar tunare years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1, 1947 to sept 2/1955 that I last saw the deceased
alive on Signature 1, 19 53, and that death occurred at SIGNATURE Nalthie 1. / Lies	M, from the causes and on the date stated above. ADDRESS DATE SIGNED 22 EACHS

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S

FUNERAL DIRECTOR

ADDRESS

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SEP 22 1955

BUREAU V. S.

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SEP 30 1955

OB A PEDENA ELO

WM. SUNFTALRUWSKY FUNERAL HOME

2007 EASTERN AVENUE, BALTIMORE, MD.

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INK. S	se write
UNFADING	sicians: plea
INLY, WITH	important. Physicians: please write the causes of death clearly and legibly.
	MINLY, WITH UNFADING INK. Supply every item of information carefully. The

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M.	LAINLY,
	OR WRITE PLAINL
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PLEASE TYPE

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LOCAL

COUNTY BALTIMORE CITY If outside corporate limits, write RURAL COUNTY COUNTY CITY If outside corporate limits, write RURAL CITY If outside corporate limits, write RURAL COUNTY CITY If outside corporate limits, write RURAL CLast CITY If outside corporate limits, write RURAL CLast CITY If outside	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
CITY (If outside corporate limits, write RURAL OR STAY OR WAS give nearest to two) TORN A give nearest to two PORT HOWARD STREET (If rural give location) ADDRESS TREET (If rural give location) ADDRESS (Year) ADDRESS TREET (If rural give location) ADDRESS (Year) ADDRESS (The policy of the policy	BALTIMORE		
STRET ADDRESPETERANS ADMINISTRATION HOSPITAL 3. NAME OF (First) STANISLAW (Middle) (Last) ZALENSKI (Last) DECEASED: (Type or Print) STANISLAW (NMI) ZALENSKI (Last) DECEASED: (Type or Print) STANISLAW (NMI) ZALENSKI (Last) DECEASED: (Type or Print) STANISLAW (NMI) DECEASED: (NMI) DECEASED: (Specify) MARRIED. (Specif	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	and give nearest town)
S. NAME OF OF OPECASED: Clast) Clast C	INSTITUTION OR	STREET (If rural give location) ADDRESS 2030 EASTERN AVENUE	
MALE MALE WHITE Specify MARTIED RUSSIA 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W.W. RUSSIA 12. CITIZEN OF W.W. RUSSIA 13. HOTHER'S MARIED Specify MARTIED Specify Ma	DECEASED: CMANTOTANY (NOT) 7ATEN	(Last) 4. DATE (Month) (I	TR 8 55
Ween in desired in Boat of Worling ine. 13. FATHER'S NAME: JOHN ZALENSKI 14. MOTHER'S MAIDEN NAME: PELEGIA POMOSKA 15. MAD DECRARO EVER IN U.S. ARMED FORCES! (Yee, give wat or dates of service) 16. Social Security No. 17. INFORMANT & ADDRESS: (CIN. REC. VET. ADM. HOSP., FT. HOWARD, MD. 18. MEDICAL CERTIFICATION 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE ANTECEDENT CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, UNKNOWN 10. SEASES OR CONDITIONS, IF ANY. (B) 11. OTHER SIGNIFICANT CONDITIONS (C) 11. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING TO THE DEATH OF INJURY Street, office bidge, etc. (C) 21D. TIME (Month) (Day) (Year) (Hour) VA M. WILL SIGNIFICANT CONDITIONS 22I. Hereby certify that a stended the deceased from AUG. 8, 19 55, toSEPT. 8., 19 55, TAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	RACE: WIDOWED, DIVORCED,	The state of the s	
JOHN ZALENSKI 15. WAR DECEASED EVER IN U.S. ARMED FORCES? (No. or,	work done during most of working life. OR INDUSTRY:		CITIZEN OF WHAT
18. MEDICAL CERTIFICATION 18. MEDICAL CAUSE 18. MEDICAL CERTIFICATION 18. MEDI			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, MIMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING NOTE WAS UNDERLYING AND ALL STREET OF INJURY Street, office bldg., etc. 10A DATE OF INJURY OCCURRED AND DESCRIPTION 21B. PLACE (Home, farm, factory, Injury occurr) OF INJURY Street, office bldg., etc. 10A DATE SIGNATURE While Not while at work ALL STREET AND DESCRIPTION AND DESCRIPTION ONE OF INJURY OCCURRED AND DESCRIPTION OF INJURY OCCURRED AND DESCRIPTION OF INJURY OCCURRED O			ARD, MD.
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS' YES NO 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. 21B. PLACE (Home, farm, factory.) OF INJURY OCCUR? While Not while of INJURY OCCUR? While Not while of INJURY OCCUR? AND DESS DATE SIGNED FRANCIS G. DICKEY IN O. Chief, Medical Service VAH, FORT HOWARD, MARYLAND 9-8-55 23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (St.)	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH #22.1 IMMEDIATE CAUSE (A) ARTERIOSCLE	ROTIC CARDIOVASCULAR DISEASE,	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, of injury occur? OF INJURY street, office bldg., etc. Injury occur? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY While Not while at work 21F. HOW DID INJURY OCCUR? While at work at work XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES DI	TED.	
20. AUTOPS' YES NO 21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. 1NJURY OCCUR? CIF EITHER. NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, office bldg., etc. 1NJURY OCCUR? CIF EITHER. NOTIFY MEDICAL EXAMINER) 21c. WHERE DID (City or town) (County) (State) CITY OF INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED 21f. HOW DID INJURY OCCUR? M. While at work 21f. How DID INJURY OCCUR? AND A STATE SIGNED XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, or county) 21c. WHERE DID (City or town) (County) (If either, notify medical examiner) 21d. Time (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED 21f. How DID INJURY OCCUR? While at work 21f. How DID INJURY OCCUR? 22. I hereby certify that attended the deceased from AUG. 8 , 19 55, to SEPT. 8, 19 55, to XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED While at work at work at work 31e INJURY 22c. I hereby certify that attended the deceased from AUG. 8 , 19 55, to SEPT. 8, 19 55, TAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
While at work Not work	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,		ty) (State)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OF INJURY While Not while	2 IF. HOW DID INJURY OCCUR?	
FRANCIS G. DICKEY W.D. Chief, Medical Service VAH, FORT HOWARD, MARYLAND 9-8-55 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (St	22. I hereby certify that A attended the deceased from AUG.	8 , 19 55, toSEPT 8 , 19 55, MAKKYNEN	21000000000000
FRANCIS G. DICKEY, M.D. Chief, Medical Service VAH, FORT HOWARD, MARYLAND 9-8-55 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stephenoval (Species))	SIGNATURE JAMES	ADDRESS DAT	TE SIGNED
BURIAL BALTIMORE, MARYLAND	REMOVAL (SPECIFY) 6 L 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	0.8514
CERTIFICATI	E OF DEATH Reg. Dist	No. 472
1. PLACE OF DEATH: COUNTY Bultimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MA COUNTY BO	Otemano
CITY (If outside corporate limits, write RURAL OR and sive nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this place) (in this place)	CITY If outside corporate limits, write RURAL a	and give nearest town)
HOSPITAL OR INSTITUTION OR 1232 Meuleu Chore Rd	STREET (If rural give location) ADDRESS 1232 Maddley Close	ie Rd
OECEASED: TOHN - E - ZA	NG OF DEATH: Seft	29 (Year) 29 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. 12-7	6-1891 63 yrs. Months D	ays Hours Min.
work done during most of working life, or INDUSTRY, even if refind a fulfill working life.	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	Margaret Kelley.	
18. WAS DECEASED EVER IN U.S. ARMY FORCES! (Yes, no, or unk.) (If Yes, give wat or dates exprise)	Mus John Zung, achutes	o med
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION /	INTERVAL BETWEEN
156.1 IMMEDIATE CAUSE (A) adeno-	carcinoma Liver	3 mo.
ANTECEDENT CAUSE (S) DUE TO MILAN	lake	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
aug. 14, 1955 19B. MAJOR FINDINGS OF OPERATION MAJOR FINDINGS OF OPERATION	la in liner.	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (1F EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE OF A POLICE TO STATE OF THE STATE	1:30 PM, from the causes and on the date s ADDRESS DAT	
Bunal Oct 2-1955 Een	ery or crematory Location (City, town, or Alcuall &	s Tud
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS 7

BUREAU V. S.

SS61 L 100

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

N.8515

MEDICAL.	EXAMINER'S	CERTIFICATE	OF	DEATH

MIMINI	CAM MA	WALLEY.	LILL D	CLIII	LILICA		OI.	DI	ALLI	T 140	•	
I. PLACE OF DI	EATH:				2. USUAL RE	SIDENC	E (HOME)	OF DEC	EASED:			
COUNTY I	Baltimore		MARYLA	ND	STATE M	aryla	nd cou	INTY				
	ide corporate limits e nearest town)	, write RURAI	LENGTH (in this		CITY (If	outside c	orporate limi	its write	RURAL	and give	e nearest	town)
TOWN	atonsville			no lda	TOWN B	altim	ore			3 V 0	11-	4
HOSPITAL OR	OR	Grand Sta	A- 11		STREET ADDRESS		(If		ve locati	on)		1
3. NAME OF	RESS Spring (First)	Prove Sta	(Middle)	(ST	(Last)	2236	Fleet	(Mor		(D)	(V)	
DECEASED: (Type or Print	,,	1	J.	Zì	orowski		OF DEATH		tembe	(Day)	(Year)	55
5. SEX:	6. COLOR OR	7. SINGLE,	MARRIED, D. DIVORCED,		OF BIRTII:	9.	AGE last b	irthday:	IF UNDE	R 1 YEAR		
Male	White	(Specify):	Married	8-1	9-1894		61	yrs.	Months		Hours	Min.
work done	CUPATION (Give during most of w red): Carpente	ork life	KIND OF BUS INDUSTRY: ninping	SINESS OF		PLACE	(State or fo	oreign co	untry):	12. CIT	TIZEN OF UNTRY? USA	WIIAT
13. FATHER'S N					14. MOTHER						UMA	
John Zh	orowski				Mar	mer Dan	mbrowsk	4				
15. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES ? 16	SOCIAL SECURIT	ry No.:	I7. INFORMAN							
(Yes, no, or unk.)	(If Yes, give war service)	or dates of	-17		ecords S	i	Gmama	24_4-	W	44.7		
WILLION II	1		7 77 55		L CERTIFICAT		-LOA6	Tale	HOST	TET		
Immediate Anteceden Diseases or giving rise	t cause(s) conditions, if any, to the above cause	(a) S DUE TO	trangulat		Hanging						TERVAL E	
II. OTHER SIGN	erlying cause last IFICANT CONDITEATH BUT NOT CONDITION CAU	RELATED T	O THE									
	OPERATION: 19h							*************		20	AUTOI	
21a. EXTERNAL	CAUSE WAS	21b, PLA	CE (Home, far)	m. factory.	21c. (City	or town)	(Count	.v)		(State)	NOTE
PRIMARY TO OR CAUSE OF DE	CONTRIBUTING ATH. (Day) (Year) 25-55 8:25	(Hour) 21e.	CE (Home, far street, office URY HOST INJURY OCCU	JRRED ot while	21f. HOW	tons	JURY OCCU	RHun		self		ıd
				work X			ility ro					267
	death resulted the		ral causes [lent [], Sui	CHIEF DEPUTY		ide []	Under NER	etermir		use [
23. BURIAL, CR REMOVAL (Specify):	THEREOF			Y OR CREMA	TORY	Baltim		topy, o	r county		State)
DATE REC'D		29/55 SISTRAR'S SIG	The state of the s	Rosary	M.F. SA	AL DIRE	CTOR		S EAS		ADDR	ESS
1/0	423	CA V	· / / / /	JE.	Lin	Carle	, D.	Da	dor	sk	,	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

